

**THIRD SEMI-ANNUAL
UPDATE**

July 7, 2001 –
January 6, 2002

**POLICY II PROJECT
THIRD SEMI-ANNUAL UPDATE**

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ABBREVIATIONS

| | |
|--------|--|
| AIDS | Acquired immune deficiency syndrome |
| AIM | AIDS Impact Model |
| ANE | Asia/Near East |
| ARH | Adolescent reproductive health |
| CAs | Cooperating agencies |
| CORE | Communities Organized in Response to the HIV/AIDS Epidemic |
| DHS | Demographic and Health Surveys |
| E&E | Europe and Eurasia |
| ESA | East and Southern Africa |
| FP | Family planning |
| GWG | Gender Working Group |
| HAART | Highly active antiretroviral therapy |
| HIV | Human immuno-deficiency virus |
| HRWG | Human Rights Working Group |
| IAEN | International AIDS and Economics Network |
| ICASA | International Conference on AIDS and STDs in Africa |
| ICPD | International Conference on Population and Development |
| IEC | Information, education, and communication |
| IGWG | Interagency Gender Working Group |
| IPPF | International Planned Parenthood Federation |
| IR | Intermediate result |
| LAC | Latin America/Caribbean |
| LTA | Long-term advisor |
| MCH | Maternal and child health |
| MNH | Maternal and Neonatal Health (Project) |
| MNPI | Maternal and Neonatal Health Program Index |
| MOH | Ministry of Health |
| MTCT | Mother-to-child transmission |
| NGO | Nongovernmental organization |
| OVC | Orphans and vulnerable children |
| P&F | Planning and Finance |
| PHN | Population, health, and nutrition |
| PLWHA | Persons living with HIV/AIDS |
| PMTCT | Prevention of mother-to-child transmission |
| RH | Reproductive health |
| SADC | Southern Africa Development Council |
| SO | Strategic objective |
| STD | Sexually transmitted disease |
| STI | Sexually transmitted infection |
| TAG | Technical advisory group |
| TD | Technical development |
| TOT | Training-of-trainers |
| UNAIDS | United Nations AIDS Organization |
| UNFPA | United Nations Population Fund |
| USAID | United States Agency for International Development |
| WCA | West and Central Africa |
| WHO | World Health Organization |

PROJECT OVERVIEW

POLICY II is a five-year project awarded by USAID G/PHN/POP/P&E on July 7, 2000 to The Futures Group International (FUTURES), The Centre for Development and Population Activities (CEDPA), and Research Triangle Institute (RTI).

POLICY II will continue and expand on the work of POLICY I (1995–2000) with additional emphasis on youth, gender, and human rights; intersectoral policy issues; and policies that promote sustainable access to quality services. While maintaining a strong emphasis on family planning, the project also explicitly addresses HIV/AIDS and maternal health policy issues.

The POLICY Project was designed to facilitate the development of policies and plans that promote and sustain access to high-quality family planning and reproductive health (FP/RH) services. Laws, regulations, and operational policies—and the plans and financial mechanisms through which they are implemented—should promote access to reproductive health information and services by all who need and want them. Broadening the base of support for these policies through involvement of civil society is essential to the process as is addressing the financial issues associated with the provision of FP/RH services. Only then will access to high-quality FP/RH services be sustained, even in the face of changes in government or donor participation.

To achieve POLICY's main objective, the project endeavors to

- Broaden and strengthen political and popular support for FP/RH;
- Improve planning and financing for FP/RH;
- Ensure that accurate, up-to-date, and relevant information informs policy decisions; and
- Enhance in-country and regional capacity to provide policy training.

POLICY is active in 28 countries and with three regional organizations, with 170 staff: 60 in the United States and 110 staff and consultants overseas. The following sections of this semi-annual update present the project's results framework and results achieved during the current six-month period. This is followed by a summary of major activities for each of the project's main technical components (IRs and working groups) and each of the countries in which POLICY was active during the reporting period. The appendix shows the project's management structure and contains a list of all staff affiliated with the POLICY II Project.

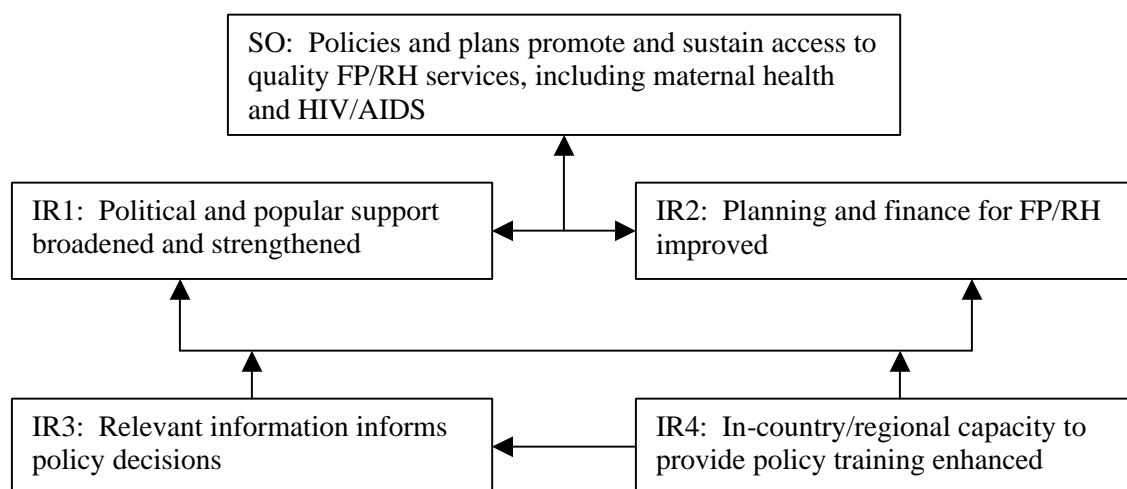
RESULTS FRAMEWORK

The strategic objective (SO) of the POLICY Project is *Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS*. The project SO is supported by four intermediate results (IRs):

- IR1: *Political and popular support broadened and strengthened;*
- IR2: *Planning and finance for FP/RH improved;*
- IR3: *Relevant information informs policy decisions; and*
- IR4: *In-country/regional capacity to provide policy training enhanced.*

POLICY Project results will be achieved through both global and country activities. Global activities are financed by core funds. These activities are undertaken to provide global leadership on policy issues, promote policy research and evaluation, and develop the tools and techniques for technical support to the field. Country activities are financed by field support funds from USAID country missions and/or regional bureaus or offices. In addition, country activities that integrate technical areas in need of special attention, such as HIV/AIDS, maternal health, and the three crosscutting issues (adolescents, gender, and human rights), will be generally financed using core funds. Figure 1 illustrates the POLICY Project results framework, showing both the strategic objective and intermediate results.

Figure 1
Policy Project Results Framework



PROJECT RESULTS

Every POLICY country workplan includes a results framework that clearly links achievement of results in-country to the USAID Mission results framework. Country results are also linked to the project's results framework and the G/PHN framework. Each reporting period, POLICY tracks the achievement of country results and verifies accompanying documentation. To facilitate and systematize this process, the project uses a relational database to track results, indicators, and associated documentation.

The project substantially exceeded its performance benchmarks for the third reporting period. Overall, 14 SO-level results are presented below for 11 countries, and 36 IR-level results are presented for 18 countries. Table 1 shows the total number of results achieved by country in this reporting period. A complete listing of results achieved in the third reporting period follows.

Table 1. Project Results Tally (# of results) for Period 3
July 7, 2001 to January 6, 2002

| COUNTRY | SO | IR1 | IR2 | IR3 | IR4 | Total Results |
|--------------------------------|----|-----|-----|-----|-----|---------------|
| Africa | | | | | | |
| Ethiopia | | | 1 | | | 1 |
| Ghana | | | | 1 | | 1 |
| Kenya | 1 | | | | 2 | 3 |
| Nigeria | | 1 | 1 | | | 2 |
| REDSO/ESA | 1 | | | | | 1 |
| Sahel | | | | 1 | | 1 |
| South Africa | 2 | 2 | 1 | | 1 | 6 |
| Tanzania | | 1 | | | | 1 |
| Zambia | 1 | | | | | 1 |
| Asia/Near East | | | | | | |
| Egypt | 1 | | | | 2 | 3 |
| India | 1 | | | | | 1 |
| Jordan | | 1 | | | | 1 |
| Philippines | | 1 | 2 | 2 | 1 | 6 |
| Europe and Eurasia | | | | | | |
| Romania | 1 | 1 | | | | 2 |
| Russia | 1 | 2 | | | | 3 |
| Ukraine | | 1 | | | 1 | 2 |
| Latin America/Caribbean | | | | | | |
| Guatemala | 3 | | 1 | 1 | | 5 |
| Haiti | | | 1 | 1 | | 2 |
| Jamaica | | | 1 | | | 1 |
| Mexico | 1 | 1 | 1 | | 1 | 4 |
| Peru | 1 | | 2 | | | 3 |
| Total Results | 14 | 11 | 11 | 6 | 8 | 50 |
| Total Countries | 11 | 9 | 9 | 5 | 6 | 21 |

SO: Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS

of countries that adopt (approve) national/sub-national policies, plans, guidelines to promote access to high-quality FP/RH services

- Historically, **Guatemala** has been one of the least supportive countries in the world of FP/RH rights and services. On October 19, 2001, President Portillo ratified the passage of the “Law of Social Development” (Population and Development), which, for the first time ever, sets forth a legal framework for work in population and development in the country. POLICY played an important role in this landmark achievement. POLICY assistance contributed to Congressional approval of the law in September 2001. POLICY continued to provide assistance to the multisectoral group of organizations involved in formulating and lobbying for the law to rapidly initiate a new phase of advocacy designed to avoid a potential presidential veto that was requested by the Catholic Church. This assistance included support to the Secretary of Women in preparing a recommendation for presidential approval of the Law. POLICY also provided technical and financial support for a campaign to put pressure on the President for the final passage of the law. The campaign entitled “Social Development Law: civil society opinion,” was organized by the Women’s Network for Peace, the Guatemalan Association of Gynecology and Obstetrics (AGOG), and the Women’s Physicians Association of Guatemala (AGMM). According to the USAID Mission in Guatemala, “POLICY played an important role in the design, analysis, and revision of the law as well as in bringing together key actors into the policy formulation process, so that the contents of the law responded to the interests of the country and, above all, women. Moreover, POLICY mobilized diverse sectors to create a positive environment for the law, thereby counteracting attacks by fundamentalists and others opposed to it.” The existence and acceptance of this new legal framework will greatly strengthen FP/RH programs in the country and will help assure their sustainability into the future.
- Besides lacking national leadership and macro-policies supportive of FP/RH, **Guatemala** has also lacked a clear operational framework for the provision of FP/RH services through the public sector. With the assistance and participation of POLICY, the Ministry of Health (MOH) published new national guidelines for reproductive health in August 2001,¹ consisting of three volumes on family planning; prevention, diagnosis, and treatment of STIs; and prevention of infections. Since 2000, POLICY has participated as a core member of the technical group that revised and updated the norms. Additionally, the guidelines incorporate findings of the 1999 medical and institutional barriers study, also conducted by POLICY.² These guidelines will help standardize services and raise the quality of those services.
- In **Peru** as in many developing countries, youths and young adults have the greatest overall need for adequate FP/RH services. Because of political sensitivities and lack of program focus, this group was not receiving the services and programs it needed. POLICY worked with key stakeholders to obtain a national youth policy. President Paniagua approved the “Youth Policy Guidelines” by promulgating Supreme Decree No.018-2001-PROMUDEH, on July 26, 2001. This is the first Peruvian policy that addresses youth (ages 15–24). The policy covers education, health, employment, and citizenship, with gender and human rights as crosscutting issues. The chapter on health includes a section on the promotion of sexual and reproductive health. Beginning in May 2000, POLICY contributed to the preparation and approval of the guidelines by providing technical assistance to PROMUDEH (the Ministry of Women) in drafting the guidelines and vetting them with a broad array of concerned

¹ Although the guidelines were approved in 2000, they were not released and available to the public until August 2001.

² APROFAM, IGSS, and MOH were all involved in the medical barriers study. APROFAM and IGSS also modified their service delivery norms per results of the study, as reported in the last reporting period.

stakeholders in public forums over a 14-month period of time. Over the last year, which included changes in top political and ministerial leadership, POLICY and the NGOs it works with continually lobbied for approval of the guidelines.

- Overcoming stigma and discrimination is increasingly recognized as one of the absolute keys to mitigating the HIV/AIDS epidemic through stronger prevention and care responses. **Zambia** is one of the countries most affected by HIV/AIDS, and the epidemic has been fueled by the stigmatized and discriminatory nature of people's response to people living with HIV/AIDS (PWAs). The National HIV/AIDS Secretariat adopted "Guidelines on HIV/AIDS and Employment" developed by the POLICY-supported Women and Law in Southern Africa (WLSA) NGO for use in the FACEAIDS workplace program. The document is intended to assist employers and employees to challenge policies and programs that violate the rights of PWAs. When rights of persons in the workplace are protected, they are less marginalized and less vulnerable, especially to economic deprivation associated with loss of employment. Therefore, they will be at less risk of HIV infection or to other social, economic, civil, or political risks associated with HIV/AIDS. Thanks to POLICY support, the Zambia Business Coalition on HIV/AIDS (ZBCA) also adopted the guidelines in its program. POLICY provided financial support to WLSA to prepare the guidelines, and in September 2001, initiated dialogue with FACEAIDS and ZBCA to print them for dissemination to governments, NGOs, and private companies outside of Lusaka. The guidelines help reduce stigma and thus stimulate prevention and care-seeking behaviors by employees of the Zambian companies under the USAID-sponsored FACEAIDS Project. When adhering to these guidelines, employers also observe certain workplace principles including the rights to work, rights of privacy, and the right to care and support. In addition, the guidelines stipulate the benefits and emoluments to be covered for workers with HIV/AIDS, including indemnity insurance.
- POLICY's long-term strategy to expand contraceptive availability in **Kenya** has resulted in another significant policy achievement. In September 2001, the Minister of Public Health signed and issued the *National Condom Policy and Strategy for 2001–2005*. The goal of this policy and strategy is to improve access to condoms by sexually active people, at affordable prices and through effective and responsive service delivery systems. It describes the roles and responsibilities for several government entities, NGOs, private sector, and international organizations; and actions that will be taken to improve condom supply and use. Provisions include gradually phasing in charges for condoms, consistent with the government's goal of achieving long-term sustainability for reproductive health services, including condom supply and distribution. Condoms will continue to be provided free to the poor, youth, and other specified groups. POLICY kept up policy dialogue on the condom strategy issue over a two-year period. In addition to producing the August 2001 revision of the policy for final consultation and review by a large number of stakeholders, POLICY advanced the development of this policy through leading extended dialogues with many stakeholders from the government of Kenya, NGOs, and international project and donor organizations on condom and contraceptive commodity issues.
- In **Russia**, health status and especially reproductive health status of women has declined dramatically in the past 10 years. To help build a stronger policy environment for better safe motherhood programs, POLICY has been supporting the "Advocacy Network" of NGOs through TA in advocacy training, strategic planning, and minigrants. The Advocacy Network was a key advocate and contributor to the adoption of a "safe motherhood" program, Document #1150B, by the Regional Legislative Council of Krasnodar Krai on July 24, 2001. The program includes a family planning component that specifies free contraceptives for vulnerable population groups; the program has received financing for one year. Network member Dr. Valentina Zabalotnyaya confirmed that the contraceptives have already been purchased and are provided to the population. POLICY's work with the Advocacy Network led to the design of an advocacy campaign with the objective of

reestablishing contraceptive supplies for the population most in need. Zabalotnyaya and her NGO and government colleagues actively advocated for the program's adoption and implementation; at the Network's July meeting, she stated that POLICY's advocacy training, minigrants, and assistance to the Network's advocacy campaign were critical to advocacy success.

- HIV/AIDS is decimating the countries of Eastern and Southern Africa and is having a major impact not only on the social fabric of those countries, but also on their economies. Because the epidemic recognizes no borders, the epidemic is really a critical regional development issue. There is a great need for common policies applicable across countries of the region for prevention, care, and treatment requiring greater resources and better efficiencies in resource allocation and utilization. Policies favorable to adopting common messages across the region will result in increased effectiveness, greater dissemination, less dissonance, and enhanced cost sharing. Until recently, there has been no joint regional response to HIV/AIDS, but the situation is improving thanks in good part to POLICY's work there. Ministers of Health in 14 countries covered by the Commonwealth Regional Health Community Secretariat (CRHCS, supported by REDSO/ESA and other donors) formally approved and adopted the *Regional HIV/AIDS Strategy for East, Central, and Southern Africa, 2002–2006* on October 26, 2001. This strategy sets forth a comprehensive plan for guiding the 14 member governments to vastly expand and improve their HIV/AIDS programs and mandates a regional response for prevention, mitigation, and care and treatment for HIV/AIDS. The strategy includes forecasting of budgetary requirements and a plan for mobilization of resources to meet these requirements by country and across the region. POLICY contributed materially to the formulation and the interim and final revisions of the strategy by providing estimates of the costs of scaling up prevention, care, and treatment programs to national levels in countries covered by the plan, by providing technical assistance in writing up key sections of the strategy, and by advocating for its passage among governments and donors.
- The core of the HIV/AIDS epidemic in **South Africa** (the country with the highest rate of HIV/AIDS prevalence in the world) can be found in the country's largest economic sector—the mining industry. Mining workers have been one of the key vectors in spreading HIV/AIDS to rural South Africa. Stimulating large mining companies to adopt HIV/AIDS workplace policies and programs will be key to controlling the epidemic in the country. As a result of POLICY assistance, Impala Platinum—the world's second largest platinum producer with 28,300 employees—officially adopted an HIV/AIDS policy on December 7, 2001. The workplace policy's principal interventions are all designed to promote access to HIV/AIDS services. Specific services promoted in the comprehensive workplace policy include prevention programs, awareness and educational programs, and wellness management programs. POLICY facilitated a review of Impala Platinum's current HIV/AIDS workplace policy and program in July 2001 and provided ongoing TA in the drafting phases. The review involved both union representatives and senior management.
- **Egypt** has two immediate needs in terms of FP/RH policy development: one is to have a clear strategy and plan for the Ministry of Health and Population (MOHP), and the other is to plan for phase out of donor assistance, which will likely occur in the next decade. With key support from POLICY, the National Committee for Strategic Planning at the MOHP approved two national strategic plans on December 1, 2001: the National Strategic Plan of Population and Family Planning, 2002–2017 and the plan for Child Health and Survival. The plans were then presented to the Minister of Health and Population. This is the first time MOHP has developed a strategic plan, which will be used to guide its future activities and interventions as well as its relationship with donors and the government for funding FP/RH activities. Continuing the efforts started last quarter, POLICY, in collaboration with the POP IV Project and the MOHP, organized a series of meetings and workshops to develop the two plans. POLICY designed the formats for the plans, interviewed MOHP leaders to discuss their vision of the future, and assembled data from a situation analysis. POLICY also assisted

with editing the plans and translating them into English for dissemination to donors and the international community.

- In **Egypt**, the Federal Union of NGOs, the highest NGO authority at the governorate level, approved two strategic plans for the Aswan NGO Coalition on December 10, 2001. The strategic plan for the coalition provides clear guidance for member NGOs on what they need to do to work effectively with the MOHP. POLICY helped establish the Aswan coalition in earlier reporting periods and has recently facilitated the planning process during several meetings with stakeholders. Together with the Directorate of Health in Aswan, the coalition also prepared a strategic plan for the RH Counseling Office (established with POLICY support) based on the office's mission and objectives. The Counseling Office plans to establish women's clubs in 10 of the NGOs that participate in the Aswan Coalition.
- Coordinating and stimulating multisectoral government responses to the HIV/AIDS crisis is also a critical need in **South Africa**. The past 10 years have shown that uncoordinated, disparate approaches to HIV/AIDS have failed as the HIV/AIDS prevalence rate has skyrocketed from 1 percent in 1990 to 26 percent in 2001. To support a strong multisectoral response, POLICY helped government departments in Gauteng Province to develop departmental AIDS plans for 2002. The HIV/AIDS plans for three government departments—Social Services, Transport, and Education—were subsequently formally approved in November 2001. The three departmental plans promote access to a range of care and support services as follows:
 - The Social Services plan makes available disability grants to HIV positive people and support grants for caregivers of HIV/AIDS orphans. They are also promoting awareness of HIV/AIDS within all the programs they fund by ensuring that all programs reflect an AIDS-friendly component.
 - The Transport plan promotes co-ordination with civil society organizations to ensure access to services through, for example, the placement of condom dispensers along major trucking routes. The plan also places a strong emphasis on employee education and awareness programs that make the transport sector particularly vulnerable to HIV/AIDS (mobility, family disruption, etc.).
 - The Education plan ensures implementation of the national HIV/AIDS School Policy and that, within the province, the rights of HIV positive learners (to be at school) and HIV positive teachers (to continue to teach) are upheld. The plan also promotes services for awareness raising about HIV/AIDS within the broader school curricula.

POLICY provided TA in plan development, through a strategic planning workshop, to members of the Gauteng Provincial Government Workplace Task Team in August 2001. The Task Team, as the coordinating body for Provincial Government Department HIV/AIDS programs, facilitated the process of HIV/AIDS planning for seven departments, four of which are still in the process of completing their plans for approval.

of countries that increase resources available for FP/RH

- The greatest challenge to implementing the \$325 million Innovations in Family Planning Services (IFPS) Project in Uttar Pradesh, **India**, over the past eight years has been to find mechanisms through which program funds could be reasonably allocated, and that would also have sustainable impacts on FP/RH. This barrier has been a major problem for both the USAID Mission and the government of India. In 1997, POLICY introduced the concept of District Action Plans (DAPs) on a one-time trial basis. Subsequent experiments with DAPs confirmed to USAID and the government of UP the

effectiveness of the approach. Surveys have shown that performance in DAP districts has far exceeded performance in other districts—even those hosting IFPS Project activities. For example, sterilizations were 22 percent higher in DAP districts in 2000 than in other IFPS priority districts. In this reporting period, POLICY directly assisted in the preparation of eight additional DAPs that have combined budgets of \$4,829,868 million. On July 16, 2001, the Project Advisory Committee of SIFPSA approved DAPs of Banda and Fatehpur, allocating Rs 43,396,420 (US\$923,328) for plan implementation. It approved DAPs of Baghpat and Unnao districts on September 27, 2001, allocating Rs 38,513,470 (US\$819,436) for plan implementation. And, on December 20, 2001, it approved DAPS for Chandauli, Kausambi, Kanpur Nagar, and JP Nagar, allocating Rs 146,946,165 (US\$3,087,104) for plan implementation over the next three years. POLICY has facilitated the entire DAP process leading up to the allocation of financial resources. POLICY conducted baseline surveys and facilities surveys in the districts to identify the status of FP/RH and issues related to program management. POLICY also worked with the state IFPS Agency and other CAs to identify specific strategies and to prepare district action plans and budgets for implementation. Counterparts have stated that the DAPs would have been almost impossible to prepare and implement without assistance from the POLICY Project.

- Thanks to previous POLICY work, **Romania** for the first time is allocating its own government resources to purchase contraceptives for its poorest citizens, who are also those that have no access to contraceptives other than those provided free by the government. The initial allocation of the Ministry of Health and Family for 2001 was 7 billion lei (\$203,000). Since then, POLICY has worked closely with and provided ongoing technical assistance to the Directorate for Social and Family Assistance with the objective of increasing the allocation to more realistic levels. As a direct result, in September 2001, the MOHF Director for Budgets and Finance increased the allocation to 11 billion lei (\$350,000 at US\$ 1 = 29,000 lei). Thus, as a result of POLICY assistance, the government had an additional \$147,000 for purchasing and distributing contraceptives in 2001.
- Promoting civil society participation in a sustainable manner is a key to **Guatemala's** success in expanding access to good quality FP/RH services. To promote sustainable civil society participation, POLICY worked closely with the Women's Network for Peace to develop a strategy for civic surveillance and a social audit on issues of family planning, safe motherhood, and HIV/AIDS. The purpose of the social audit is to promote citizen surveillance (monitoring/oversight) of the implementation of national RH policies to ensure that policymakers and public sector program planners follow through on these policies in a manner that is consistent with the written policies themselves. The proposed strategy was submitted to the Inter-American Democracy Network for funding, and in August 2001, the Women's Network received \$60,000 to increase civil society participation in civic surveillance of RH policies at the national level. The proposal was one of 23 (among 91) from the entire LAC region that was approved. The Inter-American Democracy Network is a USAID-funded initiative based in Washington.
- In the state of **Mexico**, the leader of the state's "Multisectoral Citizens Group" (MCG, founded and trained with POLICY support), Beatriz Ramirez, who also is the coordinator of the state HIV/AIDS program, solicited and obtained scholarships totaling US\$4,600 from conference organizers and the State Secretary of Health to cover travel expenses for nearly all of the 30 MCG members to attend the annual AIDS Today Symposium in Mexico City on October 8–9, 2001. The scholarships represent additional funds for HIV/AIDS that would not have otherwise been available to the MCG and demonstrate political support for the MCG in the state of Mexico from the state secretary of health. The MCG in the state of Mexico also coordinated with the State Institute for Health to plan and carry out the Fifth Annual Silent Night March on November 3, 2001. The MCG obtained \$6,850 in government funding to cover the costs of promotional materials for the march, as well as radio

announcements inviting participation in the march and for five HIV/AIDS prevention messages (spots) to run on December 1, World AIDS Day.

IR1: Political and popular support broadened and strengthened

of countries with increased public official and/or NGO support of FP/RH

- In **Mexico**, the secretary of health and senior officials from Yucatan IMSS and ISSTE (the national social security institutes with millions of members), attended the “March for Life,” an annual event organized by the state MCG on World AIDS Day, marking the first time high-ranking officials attended this type of event. The MCG, through its participation on the State AIDS Council and other forums, convinced the officials to participate in the MCG events for World AIDS Day. The MCG organized an informational session/press conference on November 28, 2001, leading up to World AIDS Day on December 1. The event was intended to publicize the Mexican government’s commitments from UNGASS as well as to discuss the theme of stigma and discrimination around HIV/AIDS. During the event, senior officials from IMSS and ISSTE, the national social security institutes, announced their intention to attend the March for Life on December 1, and the MCG was able to announce that the State Secretary of Health also planned to attend. The attendance of all three public officials at the march, along with an estimated 400 people constitutes a sign of real progress in a conservative state where HIV/AIDS remains highly stigmatized and the government’s public support has not been strong. In fact, this is the first time any State Secretary of Health has attended a public march on HIV/AIDS in all of Mexico—a fact striking in itself but even more so given that it happened in Yucatan, widely recognized as one of the most conservative states in Mexico. In his remarks on World AIDS Day, the secretary of health noted the importance of prevention programs directed to high-risk groups, including men who have sex with men, and also spoke of the problem of stigma and discrimination in the state. These statements and the show of support from public officials are an important indicator of the progress the MCG and POLICY are making in the state, to gain political support and improve the policy environment for HIV/AIDS programs.

of countries with increased numbers and types of agencies involved in FP/RH policymaking

- By incorporating additional governmental and nongovernmental members in policy formulation efforts, the **Ukraine** Policy Dialogue Group (PDG) increased the numbers and types of organizations regularly involved in RH policymaking. After drafting the National Reproductive Health Program, the PDG broadened its membership of policy champions to serve on a task force to identify barriers to improving RH care. Between July and September 2001, the PDG incorporated at least five governmental and nongovernmental members in its policy and program formulation efforts, all of whom have regularly attended PDG meetings in the last nine months: (1) Borys Ventskovskiy, Chief Obstetrician-Gynecologist of Ukraine and Head of the Obstetric-Gynecology Department, Kyiv State Medical University; (2) Olena Dudina, Head of Maternal and Child Health Department, Institute of Public Health; (3) Dmytro Vasyl’yanov, Deputy Mayor on Health Care Issues, Kamianets-Podilsky; (4) Viktor Glukhovskiy, President of the Mykolaiv Oblast Doctors Association and Director of the NGO “Patients’ Rights in Ukraine”; and (5) Volodymyr Kolodenko, Head of the Hygiene Department, Odessa State Medical University, and Chairman of the Board for the NGO “Health Care.” The PDG was founded with POLICY Project support, and POLICY continues to provide ongoing technical assistance including support to broaden the number and types of agencies who participate in policymaking and planning.

of countries in which NGO networks or coalitions are formed, expanded, and/or strengthened

- In early September 2001, in **Tanzania**, members of Parliament formed the Tanzanian Parliamentary AIDS Coalition (TAPAC), with MP Lediana Mafuru as chairperson. Nearly one-third of the 280 members of Parliament signed on as members of TAPAC, including the Speaker, Deputy Speaker, and Prime Minister. POLICY was instrumental in MP Mafuru's effort early on. During a February 2001 visit to the United States, POLICY facilitated her visit to several staffers and members of the U.S. Congress. MP Mafuru's idea for TAPAC was originally formed after learning about Congress' International HIV/AIDS Task Force, co-chaired by Rep. McDermott (with whom she met in February). TAPAC was officially launched in the Bunge (the Tanzanian Parliament) in early November, in a session hosted by President Mkapa.
- In **Russia**, a key member of the "Advocacy Network for Reproductive Health," Irina Tayenkova from Khabarovsk reported at the July 2001 National Network meeting that she has officially organized (independently) a regional network of 13 local NGOs working with NGO and government sectors to advocate for various RH issues with a focus on youth. Tayenkova's NGO received a minigrant under POLICY I to conduct an NGO outreach meeting, which she notes was the building block for the new regional network. POLICY is training all network members in network creation in order to build regional or "branch" networks in hopes of strengthening local advocacy efforts.
- In November 2001, POLICY, in partnership with the Queen Zein Al-Sharaf Institute for Development (ZENID), facilitated the formation of an advocacy network in **Jordan**. Thus far, the network is comprised of 18 governmental, nongovernmental, and private organizations working in the fields of FP/RH, gender, youth, women's rights, and religious affairs. The network has identified a draft name, logo, mission statement, each of which they will vet with colleagues and finalize at the next workshop. The draft mission statement is: *Improve policies and programs to ensure the availability of reproductive health as a right for family health in Jordan*. In addition, the Network has decided upon an organizational structure that includes the following six committees: Media, Research, Communication with Decision Makers, Youth and Education, Training of Newcomers, and Awareness-raising among Religious Leaders. Each committee has selected a provisional (until January 2002) coordinator to represent the committee on the network's Steering Committee.
- In **Romania**, in September 2001, three local advocacy networks were formed in Cluj, Constanta, and Iasi judets (districts) as a result of POLICY Project assistance. POLICY awarded three small-grant proposals around the issue of contraceptive security for local groups to meet and form advocacy networks. Working committees used the small grants to hold meetings to develop mission statements, communication trees, and organizational structures. The judet groups chose their networks' names and elected administrative/coordinating councils for internal management decisions, while agreeing that major decisions will require convening the entire network.
- In the **Philippines**, Municipal Executive Orders/resolutions were passed in four Local Advocacy Project (LAP) expansion areas creating municipal advocacy teams (MATs): in Malinao, Albay on July 9, 2001; in Salay, Misamis Oriental on July 24, 2001; in Villanueva, in Manujod, Negros Oriental in August 2001; and in Misamis Oriental on September 6, 2001. (POLICY helped design, and implement the LAP and provides ongoing technical assistance to member municipalities.) The MATs are multisectoral in nature and their members include heads/representatives of LGU offices (Municipal Mayor, Vice Mayor, Councilors, Health Office, Budget Office, Planning Office, Association of Barangay Captains, Sangguninag Kabataan); NGOs (media practitioners, church groups, women's groups, cooperatives, and other community organizations); and the office of the congressman (Local District Officer). In addition, the local chief executives (LCEs) representing

these expansion areas signed MOUs with POLICY and national partners, accepting the implementation of the LAP in their respective municipalities: in Salay and Malinao on August 6, 2001; in Manjuyod on August 10, 2001; and in Villanueva on September 28, 2001. Seven municipalities and cities developed one-year advocacy plans to address priority FP/RH issues in their localities. The seven municipalities include the three LAP original sites (Sorsogon City, Sorsogon; Tanjay City, Negros Oriental; Balingasag, Misamis Oriental) and the four expansion areas (Malinao, Manjuyod, Salay, and Villanueva).

- In **South Africa**, as a result of the POLICY capacity-building initiative in the faith-based sector, a provincial faith-based forum (basically an advocacy network) was established in the North West Province in July 2001. This followed a POLICY-sponsored workshop in the province that explored the role of faith leaders and the unmet care needs demanded by the epidemic. The forum represents caregivers and spiritual leaders in two regions and will coordinate the future HIV/AIDS activities of the group. This is the fourth such forum POLICY has helped to establish to mobilize religious leaders in addressing some of the care and counseling needs related to HIV/AIDS.
- In **South Africa**, 10 new district Civil Military Alliance Committees have been formed in the Province of Kwa-Zulu Natal. In October 2001, POLICY provided assistance to a provincial HIV/AIDS workshop/conference for the KwaZulu-Natal Civil Military Alliance for 160 people from the management structures of the Police, Defense Force, and Correctional Services. A major outcome of the workshop was that the group decided to create district-level committees to represent each of the 10 health districts, as Kwa-Zulu Natal is a vast province, heavily hit by HIV/AIDS. The purpose of the committees is to reach the communities at the grassroots more effectively and implement well coordinated HIV/AIDS programs and projects.
- In **Nigeria**, two new NGO networks were formed—stimulated by and with assistance from the POLICY Project. The Nigerian AIDS Research Network (NARN) is composed of academics and public sector data collection people. NARN was set up in conjunction with the FMOH to exchange information on current research and to fund new research by outside organizations. POLICY has provided technical and logistical support for meetings of its executive committee in August and October 2001, which culminated in the adoption of a strategic plan for the network. In addition, six zonal NGO networks were formed in November 2001 under the umbrella name of the *National Network of NGOs for Population and Reproductive Health* (NNPREH). The network is composed of regional NGOs/CSOs and was founded to strengthen the advocacy capabilities of member organizations and to build grassroots support for the national population policy. POLICY facilitated a series of meetings culminating in the network's formation.

of countries in which NGOs representing youth, gender, or human rights issues are brought into POLICY-supported networks and coalitions

- At the December 2001 **Russian** “Advocacy Network for Reproductive Health” meeting, three organizations without a primary focus on FP were admitted to the Network: the Foundation of Support of Civil Initiatives “FOCUS” (HIV/AIDS and youth); the Information Center of the Independent Women’s Forum (gender and IEC); and the Women’s NGO “Soglasiye” (“Consensus”).

IR2: Planning and finance for FP/RH improved

of countries with improved score on planning checklist

- During the course of developing the first draft of the **Haiti** National HIV/AIDS Plan, staff of the Child Health Institute (IHE) greatly improved their planning processes, as evidenced by the use of an

analytic framework, the effective use of data, and the considerable involvement of stakeholders in the planning process. The ministry's 1996 HIV/AIDS plan was a top-down process and did not meet either of these two criteria. For the current draft, local POLICY staff helped (and trained) IHE counterparts to incorporate epidemiological projections of AIDS from DEMPROJ and AIM (POLICY SPECTRUM models). They also help incorporate lessons learned from other countries on the implementation of strategic plans. These were discussed by stakeholders and taken into account during the drafting process. IHE completed the draft National Strategic HIV/AIDS Plan on December 21, 2001, and submitted it to the MOH for approval.

of countries that develop plans or policies that promote increased resources for FP/RH³

- As a direct result of the POLICY-supported strategic planning workshop held in September 2001 in Kingston, **Jamaica** (South East Region), the South East Regional Health Authority and member parishes have prepared an annual program plan for family planning, safe motherhood, and HIV/AIDS that thoroughly integrates the goals, activities and indicators from the "National Strategic Framework for Reproductive Health, 2000–2005." This is the first time the National Strategic Framework has been used in the preparation of the annual plans at the decentralized level. The integration of the national policy into the local plans is expected to lead to improved programming and RH results at the local level, more consistent programming across parishes and regions, and better reproductive health for Jamaicans. Program funds in Jamaica are allocated on an annual basis in accordance with information contained in the annual program plans. Without such program plans in place, there is no mechanism for making funds available to support FP/RH programs. The program plan in South East Region also specifically includes a section on collaboration with partners that looks at how to leverage resources across sectors both within the government and the private sector.
- The Federal Ministry of Health in **Nigeria**, under the aegis of the National Consultative Group on Population and Development, ratified and adopted the draft national population policy on November 30, 2001, in a meeting presided over by the Nigerian Minister of State for Health. The FMOH will take this to the Federal Executive Council, which will in turn present the relevant bills to the National Assembly (legislature) to enact the laws that will ensure operationalization of the policy. Previously, in August, the Nigerian Minister of Health had stated his commitment to population and RH issues during the Informed National Stakeholders meeting to review the policy in Abuja. POLICY provided TA and facilitated the policy's final review at that meeting in collaboration with UNFPA. Having the national policy in place sets the stage for the detailed implementation planning to begin, in which specific programs, activities, and interventions are described and budgeted.
- In the state of Chiapas, **Mexico**, the coordinator of the state program on HIV/AIDS (at the request of the State Secretary of Health) met with leaders of eight NGOs and the Health Jurisdiction and with municipal officials in June 2001 to prepare an operational program plan for Tonalá. Meeting participants developed a plan for June 2001–June 2002 to coordinate the response to the epidemic in this municipality. The plan includes goals, strategies, and actions for this period in the areas of prevention, services, and mitigation of impact. This meeting was conducted in follow-up to the roundtable and advocacy training on HIV/AIDS, sponsored by POLICY in March 2001. The group subsequently met with the municipal president of Tonalá and with the health jurisdiction's epidemiologists to gain their support for the plan. Several components of the plan have been implemented to date, including a series of educational sessions/chats in secondary and preparatory schools and the opening of a special clinic area devoted to HIV/AIDS patients in the Corzo Hospital. The operational plans lays out the types of interventions and activities in the areas of prevention, services, and mitigation of impact to be carried out over the next year in the municipality. Because

³ This is the indicator we use for all policies developed and submitted for approval.

they had a plan, they had a mechanism for requesting funds to implement program activities, and in fact, they received funding for several components of the plan, which are being implemented as described above.

- In conjunction with the Council of Anglican Provinces in **South Africa**, POLICY and key counterparts produced “Planning Our Response to HIV/AIDS, A Step-by-Step Guide to HIV/AIDS Planning for the Anglican Communion” in August 2001. This planning model is available in print, CD-ROM, and at <http://www.anglicancommunion.org/special/hivaids/>. The framework resulted from two planning sessions that POLICY facilitated during the All Africa Anglican Conference on HIV/AIDS attended by 100 delegates from sub-Saharan African nations as well as by PWAs and representatives from international organizations. By December 2001, as a result of TA provided by POLICY/South Africa, one diocese in the Northern Province and two dioceses in the Province of Kwa-Zulu Natal had formulated HIV/AIDS plans for their diocese communities. Dioceses throughout Southern African will use the policy framework and “model” training sessions to produce a local response to HIV/AIDS in each local Anglican parish.

Prior to these planning sessions, the Anglican Church was not much involved in HIV/AIDS activities. Involvement of the Anglican Community in the HIV/AIDS planning process itself promotes increased resources for HIV/AIDS in the form of additional personnel now addressing HIV/AIDS issues. The planning model elaborated in the document described above spells out the church’s commission in the context of AIDS in the areas of prevention, pastoral care, counseling, care, death and dying, and leadership/advocacy, including holding government leaders accountable for mobilizing resources to address the epidemic. The diocese plans developed within the context of the overarching framework are operational plans containing activities and interventions to be carried out within their specific communities. If the dioceses did not have the resources available to implement the plans, the plans themselves would not have been approved.

- In the **Philippines**, the POPCOM (Population Commission) Board approved the implementing activities of the Contraceptive Interdependence Initiative (CII) Strategic Options in its July 30, 2001 meeting. Two strategic options with corresponding implementing activities seek: (1) improved financing of contraceptive commodities through policy reforms at the PhilHealth Insurance Corporation in expanding out-patient benefits beyond surgical methods to include other modern contraceptive methods; and (2) increased private sector participation in the provision of FP/RH services by advocating for the reclassification of oral contraceptives from an ethical to over-the-counter drug. The implementation of CII ensures that national government, the local government units, NGOs, and the private commercial sector are taking on the financial responsibility for sustained population and FP/RH programs. The endorsement of the CII ushered in a new mechanism to operationalize strategies toward meeting the country’s contraceptive requirements through 2004. The strategic options developed with assistance from POLICY, underscored private-public sector collaboration in mobilizing resources, reforms for increased private sector participation, and advocacy to solicit government support in terms of favorable policies and budget allocation.
- As a result of RNPM advocacy efforts in **Peru**, the Congressman from Arequipa, Arturo Valderrama, presented a legislative proposal to promote legal recognition of the work of citizen surveillance committees to Congress in November 2001, as Law Project No. 1442 on Citizen Surveillance. By promoting a legal role for civil surveillance committees, this proposal seeks to ensure that issues of access and quality in the delivery of health services, including RH/FP, are given high priority. The proposal was elaborated during the previous quarter by the RNPM, with TA from POLICY. POLICY also supported the RNPM in advocacy efforts on behalf of this proposed law by organizing meetings between members of the network and the heads of the congressional committees on health and decentralization. RNPM will continue advocating with other congressmen and various Commissions

for final approval of this proposal. The surveillance committees are charged with assessing and monitoring quality of and access to services. By identifying gaps in services and deficiencies in quality, the legal entities will have increased opportunities to request improvements in service delivery, including increased resources to implement changes.

- Also in **Peru**, the mayor of Ica and the Municipal Council in Trujillo signed resolutions in November 2001 approving sexual and reproductive health (SRH) plans in their respective municipalities that include youth RH issues. The NGOs, SURMUBI and EPRODICA, used POLICY small grants to advocate with municipal authorities for the inclusion of RH issues and concerns on local agendas and policies. These are new plans for the municipalities. The existence of the plans provides the instrument for channeling funds to RH activities.
- POLICY/**Ethiopia** and the ILO (International Labour Organization) have been working with the Confederation of Ethiopian Trade Unions (CETU) to draft policy guidelines on the workplace and HIV. In December 2001, the draft guidelines, “Workplace HIV/AIDS Policy Guidelines,” were submitted to the Project Advisory Board for HIV/AIDS at CETU for approval. CETU is an umbrella organization of over 400 basic trade unions organized under nine industry federations with approximately 400,000 members. The objective of the guidelines is to promote productive work in the face of HIV/AIDS by preventing the spread of the disease, by mitigating the impacts of the disease, and by creating a working environment that is free of any form of discrimination. Scores of Ethiopian companies will implement the guidelines, which provide specific recommendations for interventions not previously funded with regard to dispensation of condoms in the workplace, education programs for workers, and provision of care and support services.
- In **Guatemala**, MOH submitted a draft decree to the Vice Minister of Health for revision and approval on July 10, 2001. The draft ministerial decree authorizes the official creation of a reproductive health unit within the ministry that will implement both bilateral and other USAID-funded programs. USAID and MOH representatives accepted the draft decree, developed with assistance from POLICY. The new RH unit will have additional staff working for it and ensure efficient or effective use of resources coming from bilateral and other USAID-funded projects. Also, the unit will serve as the first step to “channel” further investments of public sector funding in RH, which is a step forward in the Guatemala RH policy process.
- In the **Philippines**, six bills related to FP/RH were filed in the 12th Congress as a result of advocacy campaigns by the Philippine Legislators’ Committee on Population and Development (PLCPD), which made extensive use of the POLICY-supported political mapping study results and the knowledge, attitude, and practice (KAP) survey results. Filing of a bill means submission of a bill to the appropriate lower and upper House Committees where it is numbered and scheduled for a committee hearing, before it is subjected for floor deliberation and eventually passed into laws. The bills are as follows:
 - *Senate Bill 791* – An act establishing an integrated population and development policy, strengthening its implementing structures and appropriating funds thereof. This bill was authored and filed by Sen. Rodolfo Biazon, PLCPD Chair, on June 30, 2001.
 - *House Bill 31* – An act establishing an integrated population and development policy, strengthening its implementing structures and appropriating funds thereof. This bill was authored and filed by Congresswoman Bellaflor Angara-Castillo, PLCPD Co-chair, in August 2001.

- *Senate Bill No. 31* – An act providing for mechanisms for the implementation of the Health Sector Reform Agenda by enhancing the hospital system, public health programs, local health development, regulatory system and health financing, appropriating funds therefore and for other purposes. This bill was authored and filed by Senator Juan M. Flavio, Health Committee Chair, on June 30, 2001. An important element of the bill is the sourcing out of premiums to support the National Health Insurance Program's universal coverage, particularly for indigents so that they may avail themselves of quality health services, including selected FP/RH services.
- *House Bill 01662* – An act establishing an integrated population and development policy, strengthening its implementing structures and appropriating funds there for. This bill was authored and filed by Congresswoman Darlene Magnolia R. Antonino-Custudio on July 30, 2001.
- *House Bill 02660* – An act creating the position of barangay population worker, granting benefits thereto, amending for the purpose the local government code of 1991, and appropriating funds there for. This bill was authored and filed by Congressman Jose Carlos V. Lacson on August 22, 2001.
- *House Bill 4110* – An act establishing an integrated reproductive health care policy, strengthening its implementing structures, appropriating funds therefor and for other purposes. This bill was principally authored and filed by Congresswoman Bellaflor J. Angara Castillo on December 19, 2001.

IR3: Accurate and up-to-date, relevant information informs policy decisions

of countries that use information produced with support from POLICY for policy dialogue, planning, and/or advocacy

- In **Ghana**, the paper “Policy Implications of Maternal Mortality in Ghana—Maternal Mortality as an Indicator of Progress in Health Sector Reform, ” prepared by POLICY Resident Advisor, Dr. Benedicta Ababio and POLICY consultant Dr. Phyllis Antwi, was used extensively as an advocacy document by both POLICY and USAID to promote RH to a higher place on the national health agenda and was also used during the Ministry of Health and Ghana Health Service Summit (December 3–6, 2001) on the next five-year Plan of Work (POW). This effort resulted in elevating reproductive health from mere mention in previous draft POWs to one of the two major interventions in the final Aide Memoire of the MOH and the GHS.

of national/subnational policies/plans that use information produced with support from POLICY

- In the **Philippines**, results of the POLICY-supported “Review of Philippine Laws Related to Reproductive Health and Rights (RH/R)” by the lawyer’s group were used to draft a national bill(s) on population, family planning, and RH. Completed in September 2001, the two-month review of state policies and identified the gaps in implementing basic principles of policy development in existing significant Philippine laws. The review informed the RH bill sponsored by Congresswoman Bellaflor-Angara, filed on December 19, 2001, which is now pending first deliberation in the Congress.
- Also in the **Philippines**, the revised POPCOM Directional Plan adopted a new target TFR of 2.7, based on projections on FP commodity requirements using a 2.7 TFR scenario prepared with assistance from POLICY. The plan for revising the plan followed from a discussion of the Board on acceptable fertility decline scenarios given weak political support from the Arroyo government.

- In **Guatemala**, various recently formulated policies and plans used information produced with support from POLICY. Specifically, the Women's Secretariat used a policy analysis of Legislative Decree 42-2001 "Social Development Law," to draft a recommendation to the president in September/October 2001 advocating the passage of the law. The Social Development Law itself contains specific modifications proposed by POLICY and/or counterparts. In October 2001, USAID/Guatemala used information produced by POLICY to develop its Emergency Plan for Health Attention and Nutrition. The MOH used the results of the POLICY-sponsored 1999 Study on Medical and Institutional Barriers to Family Planning to develop and approve new norms for family planning service delivery in the public sector. These norms were approved in 2000, but were only made public in August 2001.
- The recently updated **Senegal** Population Policy Declaration (p. 39-41) used data generated from SPECTRUM models. Under POLICY I, the Senegal team worked with the Ministry of Plan to apply and update the RAPID model, integrate the results into the national population policy, and to train counterparts at the national and district levels in the use of SPECTRUM.
- In **Haiti**, several recent policy and planning documents use information produced with POLICY support. The December 2001 draft of the National Strategic HIV/AIDS Plan uses epidemiological projections and an analysis of the general context of the development of HIV/AIDS. The Priority Action Plan of the MOH uses a conceptual framework developed by POLICY for a program to reduce maternal mortality using an approach that integrates specific maternal health services into the broader primary health care system. The World Bank document, "Etat des lieux de l'épidémie de VIH/SIDA en Haïti" [The Current State of the HIV/AIDS Epidemic in Haiti, September 2001], includes references to POLICY's HIV/AIDS epidemiological projections. HS2004 reports that NGOs used the "Minimum Package of Services" (PMS) as the basis for preparing their plans and strategies in their project submissions for funding, which were completed in 2001 POLICY I participated in the development of the PMS in 2000.

IR4: In-country/regional capacity to provide policy training enhanced

of countries in which LTAs provide TA and/or conduct training in the policy process

- POLICY's LTA in **Mexico**, Edgar Gonzalez, collaborated with SIDALAC to facilitate a workshop in November 2001 on political mapping and HIV/AIDS in Ecuador at the request of an ASICAL member organization, as a follow-up to POLICY's work in Mexico with ASICAL through the SIDALAC Project. At the end of the workshop, the participants decided to form a national network of NGOs devoted to improving the policy environment for HIV/AIDS in Ecuador. They sent a note to SIDALAC, thanking them and POLICY for the workshop, and crediting Gonzalez with motivating the creation of the network.
- POLICY/**Ukraines**'s Advocacy Coordinator, Lena Truhan, co-facilitated the Sustainability Workshop with the Reproductive Health Network in Russia in November 2001 and Truhan was thereby prepared to effectively implement the same workshop with the Ukrainian network in Ukraine in December. Because of Truhan's experience in Russia, Jorgensen was able to cut back on the length of her December TDY to Ukraine, resulting in cost savings for the Ukraine workshop.
- POLICY/**Egypt** staff developed and offered two regional training courses:
 - In September/October 2001, Manal El-Fiki (Egyptian POLICY LTA) served as an instructor at a two-week regional training course on "Policy Analysis and Presentation Skills" for participants

from eight countries of sub-Saharan Africa and the Near East. Objectives were to enable participants to analyze family planning and population issues, consider and assess strategies and policies to address these issues, and formulate and present evidence-based policies to decision makers. The workshop was a South-to-South collaborative effort carried out with some financial support from the Ford Foundation. Workshop participants have subsequently applied the skills gained from the workshop in policy presentations and conferences in their respective countries.

- Manal El-Fiki (Egyptian POLICY LTA) also served as an instructor for two SPECTRUM training workshops in Amman, Jordan from July 22–August 3, 2001, for 16 participants representing government agencies and major USAID-funded projects. The training in DemProj and FamPlan models was intended to estimate FP/RH needs as inputs to the Jordan Reproductive Health Action Plan.
- POLICY/**Kenya** LTAs provided extensive TA to policy processes, including the following: Dr. Wasunna Owino and Ms. Angeline Siparo provided technical advice at a 3-day seminar for Members of Parliament on the GOK Finance Bill for 2001/02, and Wasunna gave a presentation on the “Economic Impact of HIV/AIDS in Kenya” that advocated for increased budgetary allocations for health and especially for HIV/AIDS activities. Wasunna was a discussant at a seminar on “The Proposed Reform on the National Hospital Insurance Fund” (NHIF) organized by the Nairobi Stock Exchange; he provided policy advice to the Health Sector Reform GOK-Donor Working Group on operationalization of the GOK’s Decentralization Action Plan; he convened and facilitated the first consultative meeting on cost sharing and the NHIF, bringing together 45 policy champions and officials; he convened and facilitated a workshop on use of National Health Accounts as a tool for advocacy, policy analysis, and mentoring of the health sector reform; he was the lead expert on a two-part national television program on “Cost Sharing in Kenya: Its Impacts and Future” during which he advocated for increased popular and government support for cost sharing for health services and for establishing a national Social Health Insurance Scheme; and he delivered similar advocacy messages to Members of Parliament and the Minister of Public Health during private conversations and other informal contacts. One result of this LTA TA was that in November President Moi instructed the Minister of Public Health to establish a national health insurance scheme to ensure universal access to quality health care services for all Kenyans.

of countries in which counterparts trained or supported by POLICY conduct training in policy dialogue, planning, and/or advocacy

- Following POLICY’s training of 18 local government master training facilitators in **South Africa** in May 2001, as of December 31, 2001, the master training facilitators have conducted 19 local government HIV/AIDS training programs across the country, resulting in 410 local government officials and councilors receiving new information about HIV/AIDS and the advocacy role they can play in local government in relation to HIV/AIDS issues. These programs were carried out independently and are now being evaluated by POLICY.
- In the **Philippines**, POPCOM, PLCPD (Legislators’ Committee), and Philippine NGO Council (PNGOC) staff conducted training on situational analysis (in August 2001) and advocacy plan development (in September 2001) for members of Municipal Advocacy Teams in LAP target municipalities. The purpose of the training was to identify emerging FP/RH issues and problems in their respective municipalities and to develop plans to address these problems. POLICY’s enhanced the training modules by gathering needed data and information related to specific FP/RH needs/situation of the LGUs. POLICY had previously trained POPCOM, PLCPD, and PNGOC staff to conduct effective advocacy planning in December 1999. These organizations are POLICY’s partners in the Local Advocacy Project, which started in 2000. POLICY’s TOT efforts have also paid

off in the conduct of SPECTRUM training. POLICY-trained POPCOM staff to conducted SPECTRUM and RAPID training for planning, health, and population officers of Nueva Viscaya in July 2001.

of countries in which curricula in policy analysis, planning, or advocacy are developed and offered at regional or national training institutions

- For the first time, the Supreme Council of Al-Azhar University in **Egypt** issued a decree on November 11, 2001, approving the integration of population education into the curriculum of the Faculty of Humanities, which the university has prepared. Two policy champions from the university organized a session on RH at a conference held at the university on “Women’s Issues: An Islamic Perspective,” attended by RH stakeholders and hundreds of female students at the university. One of the recommendations from the conference called for the university to become more involved in FP/RH and to integrate population education into the university’s curriculum. POLICY’s training helped them become active and implement activities inside the university aimed at changing or modifying existing policies or introducing new ones.

of instances in which other cost-effective capacity-building interventions are implemented

- POLICY/**Kenya** supported its first intern, Mr. Leonard Onyoni, who is doing a Masters Degree at the University of Antwerp in international development with an emphasis on health program management. POLICY/Kenya provided financial support for two-months of field work for his thesis on “Participatory Management of Hospital Boards in the Context of Decentralization.” POLICY/Kenya LTAs mentored Mr. Onyoni and supervised the development of his research plan, fieldwork, data analysis, and writing of his thesis.

CORE-FUNDED ACTIVITIES

Core Packages

Core packages are designed to complement field programs and to advance our technical knowledge, demonstrate or test new or innovative approaches, or provide additional resources that would shed light on a critical policy issue that a Mission might not otherwise fund. In this reporting period, POLICY prepared three new core package proposals—Guatemala, Jamaica, and Mexico—that have been approved for implementation. In addition, core packages in Romania, Ukraine, and Nigeria got underway during the reporting period. Brief descriptions of new and existing packages appear below.

Guatemala (new). The Guatemala core package will help to develop and put in place operational policies to reduce barriers to family planning and support implementation of the recently restored national reproductive health program. The package will build on an assessment of medical and institutional barriers that was conducted in 1999 with field support funds. Medical and institutional barriers at the service delivery level are often symptomatic of inappropriate and/or outdated laws and operational policies at higher levels of the national health system. This package proposes to identify, study, and address through policy change, the higher-level operational policies, laws, and regulations that are at the root of medical and institutional barriers identified during the 1999 survey. The package will not only provide actionable information and policy analysis for Guatemala but will also have global implications. Numerous countries suffer from similar medical and institutional barriers and could learn much from the proposed methodological approach to improving operational policies.

Jamaica (new). The core-funded package for Jamaica will assist with the identification of operational policy barriers to integration of FP/MCH (maternal and child health) and sexually transmitted infections (STIs)/HIV/AIDS service delivery at the parish level and will help develop operational policies to facilitate integration of these services. POLICY will conduct policy activities and studies of selected service delivery activities in the strategic framework for reproductive health to help the Ministry of Health (MOH) delineate the extent, feasibility, and potential scope of integration in FP/MCH and STI/HIV/AIDS services. The experience gleaned from the parish level will be used to guide integration approaches for other parishes and will be useful to donors and program managers in other countries as they make decisions on integration of reproductive health services.

Mexico (new). The Mexico core package will demonstrate how HIV/AIDS-related stigma and discrimination can be reduced through careful analysis and replicable interventions. Package activities will empower people living with HIV/AIDS (PLWHAs) to be more open about their status and more proactive about tackling both the internal and external manifestations of stigma and discrimination. In addition, the package will help health care providers and PLWHAs to better understand how stigma adversely affects the delivery of services and the types of national and operational policies that can be adopted to reduce service-related stigma. Finally, the package will show how public perception of PLWHAs, as influenced by powerful media images, can be improved and thus contribute to eliminating stigma and discrimination. The Mexico package responds to USAID's HIV/AIDS program emphasis on developing replicable approaches to reducing stigma and discrimination. The package is designed in a manner that not only enhances the ongoing Mission-funded POLICY activities there, but it also will provide valuable lessons learned for USAID in this critical program area.

Romania (existing). The purpose of the Romania Core Package is to help the government identify and eliminate barriers affecting the implementation of recently approved contraceptive security policies. The package started with policy research to assess three key components of Romania's contraceptive security: market segmentation, public sector financing, and field implementation of the new policies. These

studies were in turn used in policy dialogue and advocacy to eliminate key policy and financing barriers to contraceptive security. Advocacy networks based in three USAID priority *judets* (districts) are preparing advocacy plans to eliminate operational barriers to contraceptive security. The package has already achieved one key result: the 2001 budget release for free contraceptives increased from an original allocation of 7 billion *lei* to 11 billion *lei*. Policy champions are also advocating for the inclusion of contraceptives in the list of drugs covered by health insurance and for revision of the eligibility certification requirement for free contraceptives. See the Country Activities section for additional details.

Ukraine (existing). The purpose of the Ukraine Core Package is to help the government implement its National Reproductive Health Program 2001–2005 (NRHP) by eliminating operational policy barriers and strengthening capacity to set reproductive health program priorities and allocate resources at the local level. An in-depth study of resource efficiency has been initiated to provide the Ministry of Health (MOH) with information on identified operational policy barriers that result in inefficient resource use in RH care. Data analysis will serve as the foundation for recommendations the MOH will make to the Cabinet of Ministers on ways to remove existing barriers. The second activity, launched in the city of Kamianets-Podilsky, will build the capacity of the local government to determine program and funding priorities for RH. POLICY held a workshop to introduce the Columbia Framework model. Local stakeholders will reconvene in Spring 2002 to determine RH priorities using the model and data that are now being collected. The results will be used to develop the local RH program. See the Country Activities section for additional details.

Nigeria (existing). The purpose of the Nigerian Core Package is to develop and gain approval for a state-level strategic plan addressing young adult reproductive health and to ensure that resources are mobilized to implement the plan. A youth advocacy network will also be formed to participate in the development of the plan, garner political support and budgetary support for the strategy, and provide ongoing support for other young adult reproductive health issues. POLICY will be working with the Women's Health and Action Research Center of Edo State to implement the package. An initial kickoff meeting is scheduled for January 2002.

IR1: Political and Popular Support Strengthened (FP/RH)

Director: Sue Richiedei

The focus of IR1 is to build political and popular support for client-focused FP/RH, HIV/AIDS, and maternal health policies and programs through the formation of sustainable nongovernmental organization (NGO) advocacy networks; identify and support private and public sector policy champions; and create/strengthen private-public sector partnerships in policy processes.

Summary of Major Activities:

- Finalized “Building Effective NGO/Public Sector Partnerships” training package—including agenda, detailed training curriculum, and PowerPoint Presentation. The two-day training workshop is designed to bring together representatives of the public sector, NGOs and, where appropriate, the private commercial sector to examine and discuss the benefits of fostering partnerships in policy work and to draft preliminary plans for operationalizing partnership in policy-related activities. The training curriculum incorporates materials from partnership workshops conducted in Egypt and the Philippines, as well as sessions from the advocacy manual, *Networking for Policy Change*. Prior to finalizing the module, staff will use the curriculum at workshops in 2–3 countries over the next five months.

- With the IR2 team, collaborated on preliminary design of planning and finance training module for use with advocacy networks and other NGO partners
- Collaborated with the Maternal and Neonatal Health (MNH) Project, International Confederation of Midwives, and POLICY's Maternal Health team to conduct a five-day advocacy and leadership training workshop for midwives from eight African countries from December 12–16, 2001. IR1 supported workshop planning and design, provided the trainers/facilitators, and covered all costs associated with the participation of three midwives from Tanzania.
- Provided technical and financial support to country programs for staff development (Ukraine), network sustainability training (Mexico), and small grants for implementing an advocacy strategy (Ukraine).
- Hired Regional Advocacy Specialist for LAC and Senior Advocacy Specialist/RH for POLICY/W.
- Designed and carried out a 7-day training and orientation program for field staff from the Philippines and Peru, the USAID/Manila Advocacy Specialist, and the Romanian Advocacy Network Coordinator to build capabilities in training skills, advocacy, network development, NGO-public sector partnerships, and sustainability, as well as provide an overall orientation to POLICY.
- Supported translation and printing of the Advocacy Manual into Russian and Romanian.

IR1: Political and Popular Support for HIV/AIDS Policies and Programs

Director: Kevin Osborne

The project's IR1 work in HIV/AIDS is intended to develop and implement advocacy strategies and presentations targeted to high-level officials in order to increase their understanding and support for effective programs. POLICY works to develop true multisectoral approaches that promote participation by people living with HIV/AIDS, religiously affiliated groups, community organizations, and other representatives of civil society. Training workshops are conducted with a broad range of stakeholders to enhance their ability to design, implement, and evaluate advocacy campaigns to increase support for specific HIV/AIDS issues.

Summary of Major Activities:

- Completed a workplan, scope of work, and timeline for POLICY/ASICAL collaboration in the production of a training manual for TOT in advocacy strategies in 11 countries in Latin America, and development of advocacy plans around the theme of promoting men's health for effective HIV/AIDS prevention.
- Developed core package proposal on Stigma and Discrimination in Mexico, which was approved during this reporting period. The package will demonstrate how HIV/AIDS-related stigma and discrimination can be reduced through careful analysis and replicable interventions.
- Supported the Tenth International Conference for People Living with HIV/AIDS (GNP+) in October 2001. Highlights of the GNP+ conference included promotion of key aspects of the POLICY-supported GNP+ Global Advocacy Agenda developed at the previous GNP+ Conference in Poland in 1999. During this conference, POLICY spearheaded the stigma and discrimination track of the global advocacy agenda by increasing understanding of internal stigma and the role that national PLWHA

associations can play in addressing this issue of global significance. POLICY also supported the development of key strategies and linkages between GNP+ and UNAIDS.

IR2: Planning and finance for FP/RH and HIV/AIDS improved

Directors: Carol Shepherd (FP/RH) and Steven Forsythe (HIV/AIDS)

The focus of IR2 is to improve planning processes, encourage the efficient use of existing resources, and ensure that adequate additional resources are available to finance FP/RH, HIV/AIDS, and maternal health programs. IR2 activities are designed to raise awareness of FP/RH planning and finance issues among host-country and donor leadership, test new financing mechanisms, and obtain definitive results from POLICY packages applied in country.

Summary of Major Activities:

- Prepared a policy brief and PowerPoint presentation on “Policy Aspects of Achieving Contraceptive Security” to inform Missions, POLICY staff, the cooperating agency (CA) community, and local counterparts about the key policy issues and needs surrounding contraceptive security.
- Prepared two background papers and PowerPoint presentations on “A Family Planning Market Segmentation Analysis: A First Step in Operationalizing Contraceptive Security Policies in Romania” and “Barriers to Implementing Contraceptive Security Policies in Romania,” and participated in and provided technical assistance for the roundtable on “Policy Barriers to Romania’s Contraceptive Security Initiatives,” organized in Sinaia, Romania from October 15–16, 2001.
- Organized and chaired a meeting of the International AIDS and Economics Network (IAEN) on October 18, 2001 on the topic of “Global Allocation of HIV/AIDS Resources.” Approximately 130 individuals attended this meeting. Individuals from the POLICY Project, the World Bank, and a number of other institutions made presentations on issues of AIDS and economics. IR2 staff expanded and improved upon the IAEN website by making recommendations concerning additional material and format. POLICY has assumed responsibility as the editor of this website.
- Assisted in preparing for the Africa Growth and Opportunity Act (AGOA) forum that was held in Washington, D.C. on October 30, 2001. POLICY prepared three papers that were presented at this meeting on the following topics: *Implications for Achieving AGOA Objectives; How Are Finance and Planning Ministries Responding?; and How Are Trade and Commerce Ministries Responding?*
- Disseminated awareness-raising presentations:
 - Harry Cross made a presentation on contraceptive security at USAID in Washington, D.C. on September 7, 2001, to help the CLM division gain a better understanding of the POLICY Project’s comparative advantage in addressing policy aspects of contraceptive security, to choose priority countries in which to focus contraceptive security resources, and to develop action plans for FY 2001.
 - Jeff Jordan made a presentation on “Policy Aspects of Achieving Contraceptive Security” in the Common Assessment Framework (CAF) Workshop organized by DELIVER from November 1–2, 2001 in Washington, D.C.
 - Suneeta Sharma made a planning and finance (P&F) presentation in the project’s Advocacy Advisor Training Workshop (November 12–17, 2001) to foster understanding of planning and

finance challenges and approaches among the advocacy group, and to help design a Planning and Finance training module for NGO advocacy networks P&F for RH.

- Developed a core package proposal on “Addressing Operational Barriers to Facilitate Integration of RH/STI/HIV/AIDS Services at the Parish Level in Portland, Jamaica.” The package has been approved.
- Developed a core package proposal for Guatemala to help develop and put in place operational policies to reduce barriers to family planning and support implementation of the recently restored national reproductive health program. The package has been approved.
- In conjunction with the Horizons Project, POLICY developed the GOALS Model and produced a manual for its use.
- Participated as a member of the Common Assessment Framework Committee for Contraceptive Security organized by DELIVER. The committee is charged with finalizing the work begun in the November 1–2, 2001 meeting to produce a series of modules that together make up a common framework to be used to assess contraceptive security.

IR3: Relevant Information Informs Policy Decisions

Director: Karen Hardee

The development and use of information are crucial to successful policy assistance. The objective of IR3 is to provide information, generated from primary or secondary research or the application of computer models, to understand reproductive health dynamics, explore the answers to key policy questions, advocate for change and estimate the resources required to achieve reproductive health goals. Having policy-relevant information will allow national or local policymakers, planners, and researchers to explore the implications of current trends in data, develop evidence-based solutions to existing problems, and define the actions and resources required to achieve their reproductive health goals.

Summary of Major Activities:

Models:

- POLICY continued dissemination of SPECTRUM models through the Internet and mail.
- SPECTRUM was updated to accommodate changes to the AIDS Impact Model (AIM) that were made as part of the POLICY’s collaboration with UNAIDS in preparation for the 2001 round of national HIV/AIDS estimates. These changes included using an updated method (EPP) of estimating HIV/AIDS prevalence that was developed by UNAIDS as a new editor for the HAART module. This editor allows you to specify the proportion of those in need of HAART that receive it, the annual continuation on highly active anti-retroviral treatment (HAART), and the effect of HAART on the prevalence projection. The AIM manuals in English, French, and Spanish were revised to reflect these changes, and the manuals are available on the Internet.
- Work on the new Safe Motherhood Model has progressed and will be reviewed in the next reporting period. The model links the Maternal and Neonatal Program Index (MNPI) with various estimates of maternal mortality and social setting to show the relationship between safe motherhood programs (mediated by social setting) and maternal mortality.

- The Prevention of Mother-to-Child Transmission (PMTCT) manual has been drafted and will be completed by the end of January 2002.
- The Excel version of the GOALS Model has been finalized and the manual has been completed.
- Significant progress has been made in revising the NewGen manual, and the equation review has been completed.

Research:

- POLICY Occasional Paper No. 7, *Reforming Operational Policies: A Pathway to Improving Reproductive Health Programs* by Harry Cross, Karen Hardee, and Norine Jewell, was completed and published. This paper serves as the theoretical underpinning and guidance to staff on operational policy work for the project as well as an explanation to others in the field of operational policy work. The document has been translated into French and Spanish. The paper will be disseminated in the next reporting period.
- The final draft of the safe motherhood section of the guide, *What Works: A Policy and Program Guide to Effective Evidence-based Reproductive Health Interventions* by Jill Gay, Karen Hardee, Nicole Judice, and Kokila Agarwal, was prepared and a list of reviewers was drafted. The purpose of the guide is to provide policymakers and program staff who are deciding among priorities in reproductive health with major reproductive health interventions complemented by evidence on their effectiveness in an accessible, easy-to-read format.
- IR3 staff traveled to the Ukraine to work with counterparts to develop a research protocol and data collection instruments to study operational policy barriers in the provision of reproductive health services.
- The paper “Contraceptive Method Choice in Developing Countries” by John Ross, Karen Hardee, Sherrine Eid, and Elizabeth Mumford, which draws on analysis undertaken during POLICY I, was accepted for publication in *International Family Planning Perspectives*.
- The paper “Estimates of Worldwide Unmet Need” by John Ross and Bill Winfrey was submitted for publication in *International Family Planning Perspectives*.
- A subcontract was awarded to Pathfinder, RAND, and ICDDR,B to conduct further analysis of the data on family planning and abortion in Bangladesh, further exploiting the country’s unique longitudinal dataset.

IR4: In-country/regional capacity to provide policy training enhanced

Director: Joseph Deering

The purpose of IR4 is to develop local and regional training capabilities so that the training of current and future policy champions and authorities responsible for formulation of health policy is self-sustaining. IR4’s two objectives are to: (1) improve the skills of POLICY long-term advisors (LTAs), in particular, but of all POLICY staff as well, to advance the policy process; (2) strengthen institutional training capacities in policy topics at regional and local institutions and universities.

Summary of Major Activities:

- With technical and financial support from IR4, assisted and underwrote the development and delivery of the curriculum, “Policy Analysis and Presentation Skills,” for two workshops in Cairo, Egypt, conducted during August and September 2001 by Dr. Mona Khalifa and POLICY/Egypt country staff. IR4 began review and revision of the course manuals focused on SPECTRUM for application in other POLICY regions. The course manuals were developed in collaboration with the Cairo Technical Office of the South-to-South Initiative, Partners in Population and Development.
- Created a brochure on IR4 technical assistance and resources for Jordan. POLICY LTA Dr. Issa Almasarweh provides the brochure to universities, training institutes, and NGOs in order to identify and develop policy training courses, modules, and events that can be institutionalized in-country to produce potential, new policy champions.
- Completed human capacity indicators for inclusion in the “Expanded Response Handbook for Monitoring and Reporting on HIV/AIDS Programs.” The draft document was presented at the Orientation on Expanded Response on October 30–31, 2001. The handbook will be used by USAID worldwide to measure progress in its Expanded Progress 2002–2007.
- Conducted specific discussions with several institutions and agencies to identify, plan, and design policy-oriented courses that will be carried on after initial investments of resources by POLICY II. Such conferral took place with: The World Bank Institute, Washington, D.C.; Indian Institute of Health Management Research, Jaipur, Rajasthan; U.S. International University, Nairobi; and with the American International Health Alliance, Washington, D.C.
- Began development of an internship manual so that POLICY directors, LTAs, and country managers have standardized guidance concerning approaches, parameters, and practices for selecting and training promising policy specialists.

SSO2 Core Activities (Maternal Health)***Director: Koki Agarwal***

Through its various maternal health activities, the POLICY Project’s goal is to increase political and popular support for maternal health and to improve planning and resource allocation for maternal health services. POLICY activities focus on strengthening political commitment, formulating appropriate policies, eliminating or reducing operational constraints in maternal health services, fostering efficient use of resources, and improving resource allocation decisions. These are achieved by empowering stakeholders to advocate for maternal health programs based on relevant data and building their capacity to plan and implement programs.

Summary of Major Activities:

Maternal and Neonatal Program Index (MNPI). MNPI completed in Turkey, Romania, and Ukraine. Mission approval is still pending in Russia. MNPI Country Briefs for the 49 countries that participated in data collection for the index have undergone extensive internal review and are awaiting final approval from USAID. Drafts were used for the eight African countries during the Midwives Advocacy Workshop held in Ghana. The participants used the drafts to determine their advocacy objectives. John Ross and

others published the findings of the MNPI study in the *Journal of Tropical and International Health* (October 2001).

Midwives Leadership Development and Advocacy Project. POLICY and the MNH Project conducted the first of the planned regional workshops in Ghana from December 12–16, 2001. Twenty-seven participants from eight countries attended the advocacy training workshop. The workshop was opened by the Deputy Honorable Minister of Health, Mr. Danibaah along with representatives from USAID, UNFPA, the Ghana Registered Midwives Association, and the Ministry of Health. Specifically, this activity was conceived, designed, and funded by POLICY, MNH, and the International Confederation of Midwives and is geared toward building the capacity of midwives to advocate for policies and programs that promote quality midwifery care and women-responsive health care systems. POLICY is serving as the technical lead for activities through agenda development, advocacy training, and technical assistance.

Maternal Health Supplement to POLICY's Advocacy Training Manual. In preparation for the regional meetings, MNH prepared a maternal health supplement to POLICY's Advocacy Training Manual that was used in the Ghana midwives workshop. Sue Richiede, Koki Agarwal, and Nicole Judice have reviewed several drafts of the document. After incorporating changes from the facilitator (Leah Wanjama) of the Midwives Advocacy Workshop, POLICY will produce a final version of the supplement. The MNH team also shared the supplement at a WHO meeting on safe motherhood where the participants greatly appreciated the usefulness of the supplement.

Safe Motherhood Model. POLICY has developed a statistical model to represent the relationships between a national maternal health program and the resulting maternal mortality ratio (MMR), and also the number of maternal deaths. John Ross and Randy Bulatao presented the approach to USAID in November 2001. The team is now preparing to present it to a group of safe motherhood experts before undertaking a country application.

SSO4 Core Activities (HIV/AIDS)

Program Leader: Kevin Osborne

The POLICY Project collaborates with host-country counterparts in a variety of activities designed to improve support for comprehensive multisectoral HIV/AIDS policies and programs. Building on the global lessons learned, POLICY's HIV/AIDS strategy is aimed at building and strengthening the *policy synergy* between the HIV/AIDS responses of both national governments and key sectors of civil society. By enhancing the personal and institutional capacity to respond to the ever-increasing demands of the epidemic, improved policy, program, and operational responses will be stimulated, which will also support increased funding at both global and national levels. A broad and comprehensive multisectoral response, based on principles of human rights, gender equity, and attention to adolescents—POLICY's crosscutting issues—will ensure that a wide range of influential policy champions are cultivated and that issues related to stigma and discrimination are appropriately addressed.

Summary of Major Activities:

(additional activities described under IR1, IR2, IR3, and the Human Rights Working Group)

- The Zambia Institute of Mass Communication (ZAMCOM) continued its media campaign on the employment rights of PLWHA using television and newspaper advertisements. ZAMCOM also completed a brochure on the employment rights of PLWHA. The ZAMCOM campaign identifies the Human Rights Referral Center, administered by the Network of Zambian People Living with HIV/AIDS (NZP+), as a referral group for people who believe that their employment rights have been infringed because of their HIV status. NZP+ continued to administer the Human Rights Referral

Center. Clients visiting the center stated they saw advertisements about their rights and about center services on television, in newspapers, or in ZAMCOM-produced brochures. At the end of October and in early November, a “pre-launch” television interview program was broadcast to explain to the public the purpose of the advertisements. After the pre-launch, the advertisements were regularly shown. Women and Law in Southern Africa (WLSA) completed and published a manual on laws and regulations related to HIV/AIDS and human rights, titled *Guidelines on Employment, HIV/AIDS, and Human Rights*.

- Supported the XIIth International Conference on AIDS and STDS in Africa (ICASA) in December 2001. Highlights of POLICY’s work for ICASA included the pre-conference satellite session focusing on the HIV/AIDS policy formulation and implementation needs of eight countries in Francophone Africa as well as a satellite session to promote USAID’s Communities Organized in Response to the HIV/AIDS Epidemic (CORE) Initiative. POLICY also participated in training for African journalists on the economic impact of AIDS, a USAID press conference on the impact of AIDS on the business sector, and a USAID/UNAIDS/World Bank post-conference workshop on human capacity requirements for the expanded response.
- Collaborated with UNAIDS and the U.S. Census Bureau to prepare estimates of the number of people infected with HIV worldwide. POLICY participated in the UNAIDS Reference Group to develop a new model (EPP) to estimate national prevalence from surveillance data and has modified SPECTRUM to use the output of EPP to determine numbers of infections, new infections, and AIDS deaths.
- Participated in the UNAIDS Reference Group on Monitoring and Evaluation in preparing a system to evaluate the expanded response.
- Developed a conceptual framework for addressing key policy issues for orphans and vulnerable children (OVC) at the country level. This plan will be implemented during 2002 in a number of African countries in order to develop global lessons for fast tracking OVC policy issues and concerns.
- Supported a number of the CORE Initiative demonstration projects, notably:
 - Strategic planning and capacity development for the All Africa Anglican Conference on HIV/AIDS. In conjunction with the Council of Anglican Provinces in South Africa, POLICY and key counterparts produced “Planning Our Response to HIV/AIDS, A Step-by-Step Guide to HIV/AIDS Planning for the Anglican Communion” in August 2001. The framework resulted from two planning sessions that POLICY facilitated during the All Africa Anglican Conference on HIV/AIDS attended by 100 delegates from sub-Saharan African nations as well as by PLWHAs and representatives from international organizations. Dioceses throughout Southern African will use the policy framework and “model” training sessions to produce a local response to HIV/AIDS in each local Anglican parish.
 - Hosting of the First International Muslim Leaders’ Consultation on HIV/AIDS in Kampala, Uganda (November 2001). This consultation focused on a number of key policy themes including prevention, care, OVC, resource mobilization, and stigmatization.
 - Award of 13 CORE small empowerment grants from a pool of 350 applications received from 50 countries.

Quality Assurance and Evaluation***Director: Nancy McGirr***

The Quality Assurance (QA) Team ensures adherence to the project's reporting requirements; provides technical oversight for workplan development and evaluation activities; and oversees document review, production, and dissemination. The QA Team also provides guidance on the results framework, indicators, and data sources and develops guidelines on how to report results.

Summary of Major Activities:

- Reviewed new strategy/workplans or updates to existing workplans for 20 countries; thus ensuring that all countries in which POLICY is working have up-to-date workplans in place.
- Suggested modifications to the project's Results Database to improve data entry and generate additional reports. Revisions to the database will be completed in the next reporting period.
- Continued dissemination of the "Project Design, Evaluation, and Quality Assurance Guidelines" binder and drafted new materials for inclusion on such topics as improved results reporting, core packages, and workplan/update checklists.
- Reviewed structure of HIV/AIDS Division programmatic database to determine how to best articulate POLICY results and activities in that framework.

Gender Working Group (GWG)***Chair: Mary Kincaid***

The GWG's purpose is to help POLICY staff better address gender as a crosscutting issue in the project's core and field activities by providing information, technical assistance, and training to POLICY staff and by participating on the PHNC Interagency Gender Work Group (IGWG).

Summary of Major Activities:

- Update of gender resource collection with new materials on gender and RH/HIV/AIDS.
- Gender Speaker Series: presentation by Family Health International's Bill Finger, member of the IGWG Men's RH Subcommittee, on the Men's RH Orientation Guide.
- Jeff Jordan served as a member of the newly formulated Technical Advisory Group (TAG) for the IGWG. Jordan was selected by his peers on the TAG to serve as co-chair of the IGWG, representing the CA community (his co-chairperson is Michal Avni from USAID) and guiding the newly restructured IGWG task forces and TAG.
- Mary Kincaid, Jeff Jordan, and Elizabeth Neason served as trainers for the IGWG during this period, leading the group's activities, preparing a training strategy and new modules on gender and RH issues, and designing and carrying out a training-of-trainers (TOT) workshop for 18 representatives from USAID and the CA community. As part of the TOT preparation, POLICY produced a CD-ROM version of the IGWG training materials and modules developed to date, distributing the CDs to participants at the TOT. Two participants in the TOT were POLICY staff, who designed their

practicum workshop for POLICY's Technical Development (TD) Week, as a workshop on gender, human rights, and adolescent reproductive health.

- Karen Hardee served on the IGWG Evidence-Based Gender Research Task Force, working with USAID and CA representatives to collect and synthesize available research that will show how attention to gender helps achieve PHN results in the field.
- Kincaid served as the leader of the IGWG Gender and HIV/AIDS Task Force, conducting 50 interviews of CA and USAID staff in the United States and the field, collecting data on gender and HIV/AIDS programming, challenges, successes, priorities, and recommendations. The team did a preliminary analysis of the interview data in December, with final results expected in the next period. The task force is co-funded by the Office of Population and the Office of HIV/AIDS.
- Hardee served as leader for the IGWG Gender and Quality of Care Task Force. Hardee oversaw a competitive proposal process in Guatemala, India, and Kenya and prepared subcontracts with the winning local research organizations to gather information about gender and quality of care issues in each country.

Adolescent Reproductive Health (ARH) Working Group

Chair: Karen Hardee

The purpose of the ARH Working Group is to create a shared understanding of critical issues in ARH, both globally and regionally, and to explore ARH issues in the context of sexual and reproductive health policy. A primary role of the ARH Working Group is to educate POLICY staff about ARH issues and to promote greater integration of ARH policy issues into country programs. Another important purpose of the ARH Working Group is to raise awareness concerning the importance and magnitude of ARH issues in the policy context.

Summary of Major Activities:

Karen Hardee assumed responsibility for this working group during this reporting period. Nancy Murray and Lindsay Stewart from the former FOCUS On Young Adults Project joined the working group. The ARH working group initiated the preparation of an ARH segment for the project's existing advocacy manual. The working group, in collaboration with IR3 and FOCUS (prior to that project's completion), resolved programming and statistical issues related to the NewGen Model. With ANE Bureau funds, the working group found consultants in 10 ANE countries to prepare policy and programmatic profiles of ARH in those countries. In addition, an in-depth case study for the Philippines was drafted. A POLICY Occasional Paper on ARH policies and programs in Francophone Africa was drafted.

Human Rights Working Group (HRWG)

Chair: Lane Porter

The Human Rights Working Group defines human rights issues crosscutting POLICY's work; determines human rights' applicability to core and country activities; develops human rights tools; increases collaboration of staff, CAs, USAID, and outside human rights and legal professionals; and raises awareness of human rights issues in the POLICY Project.

Summary of Major Activities:

The HRWG articulated the use of and the process of using human rights to achieve POLICY's SO. In August, the group held a "Human Rights Kickoff" meeting. Lane Porter and Genevieve Grabman presented "The Human Rights Approach," a five-step plan for incorporating human rights into country-level planning and activities. This approach is based on results from interviews with POLICY country managers about implicit and explicit inclusion of human rights in country workplans. In September, Porter, Karen Foreit, and Grabman presented POLICY's approach to incorporation of human rights at "Health, Law, and Human Rights: Exploring the Connection," a conference of leading health and human rights advocates, where Porter chaired the Assessment Track.

In October and November, Grabman and Porter prepared and disseminated an annotated review of key international human rights treaties supportive of POLICY's work in FP/RH/MH and HIV/AIDS. They also collaborated with USAID/PASCA to create a Spanish PowerPoint presentation on human rights and HIV/AIDS in Central America, which will form the basis of a Spanish language presentation for POLICY. In December, Porter and UNAIDS refined questions for the AIDS Program Effort Index revised section on human rights and legal and regulatory revisions. Porter, Karen Hardee, and Jeff Jordan designed a training program on the confluence of adolescence, human rights, and gender for the upcoming TD Week.

Over the past six months, Noel led the HRWG effort to improve the material resources supporting POLICY's human rights work. The Human Rights Resource Collection has been cataloged and expanded, the HRWG website has been made more comprehensive. The HRWG also sends monthly e-mail updates that include "Human Rights Hotlinks" to timely and relevant human rights resources.

The HRWG organized and conducted the following brownbag lunches:

- with Patricia Mostajo on POLICY/Peru's use of the Human Rights Approach;
- with Vincent Icapino from Physicians for Human Rights on measuring the health impact of human rights violations in Sierra Leone;
- with Julie Pulerwitz of Horizons/PATH on AIDS stigma and discrimination; and
- with Kevin Osborne, Felicity Young, and Nikki Schaay on POLICY's response to AIDS-related stigma and discrimination in South Africa and Cambodia.

REGIONAL/BUREAU FUNDS

Southern Africa Regional HIV/AIDS Program

U.S. Ambassadors' Small Grants Program. These programs provide small grants to development NGOs that are not currently active in HIV/AIDS. POLICY provides training in integrating HIV/AIDS into project plans and transfers skills in proposal development and in monitoring and evaluation. The NGOs develop proposals and conduct activities to add an HIV/AIDS component to their existing project activities. Because of the success of this POLICY activity in the past, its scope and reach have been expanded, and programs are underway in Swaziland, Lesotho, and Botswana under the auspices of the U.S. Ambassador in each country.

Southern African Development Commission (SADC). POLICY is working with the Health Sector Coordinating Unit of SADC to analyze HIV/AIDS policies in member states and develop model policies and recommendations. Consultants in member countries have collected national and sectoral policies. POLICY completed a summary report, and SADC approved follow-up areas for in depth policy analysis in early 2002.

GOALS Model. POLICY used the GOALS Model in Lesotho to understand the impact of budget decisions on the achievement of HIV/AIDS goals (care, prevention, and mitigation) as specified in the National AIDS Strategic Plan for the period 2001–2004. POLICY trained a local team of experts to apply GOALS for the mix of interventions specified in the Lesotho strategic plan. This work resulted in significant revisions in the draft budget of the resources required to achieve the plan's goals and led to the preparation of two funding scenarios that will be presented to donors in late 2001. The team will continue to use the model to explore resource allocation options and to update the activities and goals of the strategic plan once the final funding levels are set. In addition to this work in Lesotho, POLICY has received requests to apply the GOALS Model in Cambodia, Swaziland, Kenya, and South Africa.

Faith and community care responses. POLICY supported a regional skills transfer to strengthen faith and community responses from selected countries in the region. This initiative has resulted in an increased awareness of the role of faith and community responses to address critical policy gaps including care; stigma and discrimination, and broader developmental concerns highlighted in the wake of the epidemic.

Technical support to the Health Economics and Research Division (HEARD). The purpose of this support is to build a cadre of local economists well versed in the nuances of HIV/AIDS and economics. POLICY support strengthens local research in the field of HIV/AIDS and Health Economics through the funding of a research director of the Health Economics and HIV/AIDS Research Division (HEARD) at the University of Natal. The Director guides postgraduate students and junior staff in the research of social and economic causes and consequences of HIV/AIDS in the Southern African region. The Director will, in the future, also develop and run projects for clients, including commissioned, academic-funded research projects. Along with heading projects for clients, the Director will be involved in teaching in the School of Economics.

Africa Bureau

FP/RH/MH Activities

Family Planning Status and Trends in Countries Hard Hit by the AIDS Epidemic. POLICY prepared a proposal to study the impact of HIV/AIDS on family planning programs in 6–8 sub-Saharan Countries. The objective of this activity is to study FP trends in countries that have experienced severe HIV/AIDS

epidemics, engage USAID/Washington, Missions, and other donors in a policy dialogue about the continuing need for family planning efforts in countries that have been severely impacted by HIV/AIDS, and eventually to share the lessons learned on success (and failures) of family planning programs across countries highly affected by HIV/AIDS with country nationals. The Africa Bureau has approved the proposal and workplan, and work is underway to initiate the study in three pilot countries.

HIV/AIDS Activities. Many of POLICY's Africa Bureau regional activities are jointly funded with HIV/AIDS core funds from the HIV/AIDS Division. The following activities were completed during the reporting period:

- Prepared three papers for the African Growth and Opportunities Act (AGOA) Forum on October 30, 2002, describing the impact of AIDS on AGOA objectives, the economic impact of AIDS, and the response from ministries of planning, finance, trade and commerce.
- Supported satellite sessions of the XIIth ICASA in December 2001 and trained journalists on the economic impact of AIDS (see SSO4 activities presented earlier).
- Implemented small grants program in Botswana, Lesotho, and Swaziland to support the involvement of non-health development NGOs in AIDS activities.
- Supported CORE Initiative demonstration projects (as described under SSO4 activities).
- Hosted first International Muslim Leaders' Consultation in Kampala in November 2001.
- Developed a conceptual framework for addressing key policy issues for orphans and vulnerable children at the country level.

Asia Near East (ANE) Bureau

FP/RH/MH Activities

Adolescent Health. POLICY is preparing profiles of ARH issues, policies, and programs in selected ANE countries. The profiles highlight the need to address ARH issues and assess the policy and programmatic gaps as related to ARH in the countries. The countries include Bangladesh, Cambodia, Egypt, India, Indonesia, Jordan, Morocco, Nepal, Pakistan, the Philippines, Sri Lanka, Vietnam, and Yemen. With the exception of Sri Lanka, consultants have been identified to prepare the profiles. In addition, Christine Varga conducted in-depth interviews in the Philippines and prepared a more detailed analysis of ARH issues, policies, and programs in that country.

Midwives Advocacy and Leadership Workshop for Asia. POLICY will collaborate with the Maternal and Neonatal Health Program and the International Confederation of Midwives to train 25–30 midwives from the ANE region to develop and strengthen midwifery leaders who can play an active role in policy development and advocate for an increased level of commitment and resources toward the reduction of maternal mortality and morbidity and neonatal mortality in their respective countries. POLICY is currently working to seek approval to hold this workshop in the Philippines in April 2002.

HIV/AIDS Activities. HIV/AIDS activities for the ANE Bureau have only recently been programmed. The following activities are planned:

- Training of 20 or more regional NGOs in advocacy in support of resource allocation for HIV/AIDS and development of an advocacy manual addressing finance issues.
- Hosting of the second International HIV/AIDS Conference for Muslim Leaders.
- Review of political commitment for HIV/AIDS in low prevalence countries.
- Development and dissemination of ANE Regional AIM booklet.
- Analysis of operational policy gaps for HIV/AIDS programs in Vietnam.

COUNTRY ACTIVITIES



AFRICA

ETHIOPIA

The POLICY Project in Ethiopia is directed toward scaling up the national population, reproductive health, and HIV/AIDS efforts by providing support in policy development and strategic planning to the National AIDS Council (NAC), Regional AIDS Councils, key HIV/AIDS NGOs, and public and NGO FP/RH programs. POLICY supports the implementation of Ethiopia's multisectoral HIV/AIDS program by providing TA in policy advocacy, priority setting, and use of information for policy and program development. POLICY support for FP/RH focuses on analyzing barriers to program expansion and developing policy advocacy materials. POLICY also assists in increasing the understanding of crosscutting issues of gender and human rights in relation to reproductive health and HIV/AIDS.

Summary of Major Activities July 1—September 30, 2001

FP/RH advisor recruited. POLICY conducted an intensive search for an FP/RH advisor. After advertising the position in the newspaper and interviewing several candidates, POLICY recruited an Ethiopian expert on family planning who will be responsible for the family planning portfolio of the project's activities in Ethiopia. POLICY has also been working with the National Office of Population to develop a workplan for population and FP/RH activities.

Preparation of a training manual. As part of its support of the National AIDS Council Secretariat (NACS), the POLICY Project last year assisted the NACS in preparing the Project Implementation Manual for the Ethiopia Multisectoral AIDS Program (EMSAP). Implementers of this program at all levels (national, regional, and local) now require training to ensure the effective functioning of activities funded through this program. Together with the NACS, POLICY identified the need to prepare a "training manual" covering five topic areas: proposal development, proposal appraisal, advocacy, communication, and public mobilization. This manual will serve to train members of the advisory and proposal review boards at national, regional, and *woreda* (district) levels as well as governmental, nongovernmental, and community organizations that prepare and submit proposals for funding. POLICY subcontracted with a research firm to prepare this training manual, which will be used in a broad range of training programs to be organized by the NAC and key HIV/AIDS NGOs in support of Ethiopia's multisectoral HIV/AIDS program. The firm is currently preparing the training manual, which is expected to be completed and available for use by next quarter.

AIDS Policy Environment Score. In the ongoing assessment of the HIV/AIDS policy environment, POLICY administered the AIDS Policy Environment Score (APES) questionnaire during this quarter. Thirty persons knowledgeable of the HIV/AIDS program and representing the public, NGO, and private sectors responded to the questionnaire. The final score for 2001 was 67.4, well above the score of 56.2 for 2000. This improvement in the AIDS policy environment is reflected in such events as the national launching of the "AIDS in Ethiopia (Third Edition)" booklet, a special two-day session of Parliament held to discuss the status of HIV/AIDS in the country, the policies and programs that have been developed to respond to the epidemic, and positive statements on the issue of HIV/AIDS by high-profile national leaders such as the President. POLICY has been instrumental in these activities.

Application of SPECTRUM's FamPlan model. In the past quarter, POLICY worked with a technical working group consisting of Pathfinder, DKT-Ethiopia, and the Ministry of Health's (MOH's) Family Health Department to apply FamPlan at the national level in Ethiopia. The model was also applied to three focus regions identified by USAID: Amhara, Oromiya, and the Southern Nations and Nationalities Peoples Region (SNNPR). USAID/Addis Ababa wants to use the results to assist the Mission with its goal-setting activity and to examine projections in future trends in total fertility rate and the contraceptive

prevalence rate. POLICY and the working group are currently in the process of preparing a report on this activity.

TA in revision of national labor laws. POLICY has been working actively with the Confederation of Ethiopian Trade Unions, the Ministry of Labor and Social Affairs, and the International Labor Organization (ILO) to provide TA, tools, and documentation for revising the National Labor Law in Ethiopia. The current law does not contain any elements of the impact of the HIV/AIDS epidemic. POLICY has been instrumental in initiating discussions with the above partners on this issue and collaborating closely in order to bring about the necessary changes to the law. POLICY has provided documents on this issue from neighboring countries as well as other examples that can serve as useful background material. POLICY has also been discussing the possibility of providing technical support to the Confederation of Ethiopian Trade Unions to draft their internal HIV/AIDS and workplace policy.

Preparation of the regional AIDS profile for the SNNPR. POLICY worked in conjunction with the Regional AIDS Council Secretariat of SNNPR, the regional health bureau, and other USAID cooperating agencies (CAs), such as Family Health International (FHI) and the JSI/ESHE Project, on preparing a regional AIDS profile for the region. POLICY staff provided technical support in the design of the data collection instrument as well as financial support for data collection. Data collection has been completed at the health-institution and woreda levels and the analysis begun at the regional level. POLICY will continue its support to the Regional AIDS Council Secretariat by providing TA in data management, analysis, and in the development of advocacy presentations. This TA will involve a multisectoral approach and will include a team of experts from the regional population office, regional statistical authority, health and education bureaus, and several NGOs working in HIV/AIDS.

Collaboration with the Packard Foundation's reproductive health activities in Ethiopia. In the past quarter, POLICY staff were actively involved in applying the NewGen model in Ethiopia. The NewGen model, part of the SPECTRUM system of models, can be used to project future trends in adolescent and young adult reproductive health. This activity was supported by a grant from the Packard Foundation to The Futures Group International (FUTURES); POLICY staff in Ethiopia played an important role in technical discussions with key adolescent reproductive health stakeholders in Ethiopia. POLICY also participated in a one-day workshop organized by FUTURES to examine the inputs to the NewGen model as well as to develop an adolescent reproductive health advocacy presentation for policymakers in Ethiopia. POLICY contributions continued by providing data, initiating contacts with key stakeholders, and commenting on the advocacy presentation.

Internet access to Oromiya Regional AIDS Council Secretariat. POLICY is assisting the Oromiya Regional AIDS Council Secretariat with access to up-to-date information and networking with other key institutions via TA and funding for Internet access.

Support to the NACS. POLICY continues to assist the NACS in its multisectoral HIV/AIDS strategic planning process. In this quarter, POLICY actively participated in HIV/AIDS policy steering groups in revising policy guidelines on prevention of mother-to-child transmission (PMTCT); voluntary counseling and testing (VCT); and the antenatal clinic HIV surveillance guidelines. These steering groups are organized by the MOH AIDS Control Team in collaboration with the NACS.

HIV/AIDS training for faith-based leaders. POLICY assisted the Evangelical Church Fellowship of Ethiopia (ECFE) with HIV/AIDS advocacy presentations and discussions during the ECFE's National Conference, which more than 1,400 pastors from across the country attended. POLICY also assisted ECFE with advocacy training in the Amarha Region.

Crosscutting issues (HIV and human rights). POLICY has formed a technical working group of 11 international and community organizations working in HIV/AIDS and human rights in order to outline future activities in the area of HIV and human rights. As a result of the recommendations of this technical working group, POLICY has decided to conduct two assessments on HIV and human rights. The first assessment will be to review the legal and regulatory environment surrounding the discrimination of those infected with and affected by HIV. The second assessment will study the stigma and discrimination faced by people living with HIV/AIDS, and how it impinges upon their human rights. These two activities are expected to start next quarter.

October 1—December 31, 2001

Preparation of the regional AIDS Profile for the Southern Nations and Nationalities People's Region (SNNPR). POLICY, in conjunction with the Regional AIDS Council Secretariat, the Regional Health Bureau, and other USAID cooperating agencies (CAs), such as Family Health International (FHI) and the JSI/ESHE Project, is working on preparing SNNPR's AIDS profile. POLICY provided technical support in the design of the data collection instrument and helped organize a one-day workshop on December 20 in Awassa, the regional capital. The purpose of the workshop was to enable the different stakeholders to acquire a shared understanding of the preliminary results of the assessment (review of AIDS, TB, and STI cases as well as HIV/AIDS surveillance data). There was also discussion of the methodology for preparing SNNPR's HIV and AIDS estimates and projections. Participants included the regional head of the Ministry of Capacity Building,⁴ and representatives of the Regional Health Bureau, ESHE/JSI, the regional Office of Population, and relevant NGOs operating in the region. The report on the SNNPR will be completed during the next quarter and a meeting will be held with key stakeholders to devise a dissemination strategy. In addition, a survey will be conducted to determine how data from the report have influenced planning and programming in the region.

Development of a training manual for the National AIDS Council Secretariat (NAC/S). The contractor (Vision Development Consultancy) submitted a preliminary draft of the manual in November. Copies of the draft were circulated to the NAC/S and World Bank for comments. POLICY, the World Bank's team responsible for the Ethiopia Multisectoral AIDS Program (EMSAP), and the head of the NAC/S are discussing how to ensure that the manual fits into a coherent training strategy. In December, POLICY staff met with the head of NAC/S, who acknowledged that there is still a crucial need for the training manual. Therefore, it was agreed that POLICY and NAC personnel would work collaboratively with Vision Development to finalize the training materials. The head of the NAC/S also committed the use of NAC funds for conducting training-of-trainers (TOT) at the national and regional levels.

Workplace HIV/AIDS policy guidelines for the Confederation of Ethiopian Trade Unions (CETU). POLICY assisted CETU and the International Labor Organization (ILO) in drafting CETU's internal HIV/AIDS policies and guidelines. POLICY provided critical technical comments on the draft document completed in early November. POLICY staff has advocated for a wider review of the document by all relevant stakeholders, including the Ministry of Labor and Social Affairs, the National Chamber of Commerce, and the Ethiopian Employers Federation.

Update of national ANC HIV prevalence. During this quarter, POLICY met with the Ministry of Health (MOH)/AIDS Control Team (ACT) leader, the Center's for Disease Control (CDC), and USAID. POLICY will assist with the analysis and presentation of the 2001 round of surveillance data (CDC's technical assistance program will cover the analysis of the 2002 data). POLICY began assisting the MOH/ACT with an initial review of the sentinel surveillance data collection process and completion of

⁴ As a consequence of the recent restructuring of the government in Ethiopia, the Ministry of Capacity Building was created, concerned with such areas as human resources development.

work on data collection (the number of sites increased from 15 in 2000 to 36 in 2001). Data collection in the field is almost complete. POLICY will carry out analysis of the data in coordination with the MOH. POLICY will also continue to liaise with the CDC as the activities progress. Special emphasis will be placed on presenting the data in the WHO AFRO format. In addition, POLICY will work with the MOH/ACT, NAC/S, and CDC on developing a dissemination strategy and materials appropriate for key target audiences. Monthly meetings with MOH/ACT and CDC will continue. POLICY is also working with the General Statistical Authority (GSA), which will be involved in analyzing and revising the projections and preparing dissemination materials.

Revision of the National HIV/AIDS Policy. The MOH/ACT, Department of Health, and POLICY staff planned for the revision of the National HIV/AIDS Policy. The MOH/ACT will prepare a scope of the work and organize a meeting to discuss specific aspects of the existing policy that require revision in order to make it responsive to emerging needs.

HIV/AIDS and Human Rights Working Group. POLICY continues to facilitate the meetings of the HIV/AIDS Human Rights Working Group, which are held at the POLICY office in Addis. The group had identified the need to address issues of stigma and discrimination. During this quarter, the group met with researchers carrying out a USAID/ICRW study on stigma and discrimination. The group is also interested in addressing legal issues relating to those infected and affected by HIV/AIDS. To complement the ICRW research, it is anticipated that POLICY will work with Ethiopian legal organizations to carry out a small study on legal aspects of HIV/AIDS. Discussions have been held with the Vice Minister of Justice and senior lawyers with the view of enlisting their support and cooperation in the study.

FP/RH population activities. POLICY's major partners in population activities are the National Office of Population and the Family Health Department of the MOH. There are also important partners that POLICY has collaborated with, such as Pathfinder International, Packard Foundation, Consortium of Family Planning NGOs, and other organizations in the nongovernmental sector. POLICY outlined a collaborative workplan with the National Office of Population; however, because of the leadership vacuum created by the sudden illness and death of the head of National Office of Population, discussions could not continue. POLICY is now working with the Family Health Department to begin a dialogue on factors hampering family planning (FP) service delivery goals. POLICY continues to work on the assessment of policy barriers to the attainment of couple-year of protection (CYP) and contraceptive prevalence goals. A review of past efforts and experience of other countries is being conducted.

Responses to requests from USAID/Addis Ababa. POLICY also completed activities in response to requests from USAID/Addis Ababa. POLICY assisted Pathfinder in analyzing data on the rapid assessment of the performances of those organizations receiving grants. Using 2000 DHS data, POLICY applied FamPlan software to estimate important FP indicators at the national and regional (Amhara, Oromiya, and SNNPR) levels. Results were submitted to USAID/Addis Ababa. The same methodology was also used to estimate important FP indicators for Pathfinder-funded operational areas in Ethiopia.

FAMILY HEALTH AND AIDS/WEST AND CENTRAL AFRICA (FHA/WCA)

The goal of POLICY Project assistance to the Family Health and AIDS (FHA) program project is to strengthen political commitment to FP/RH and HIV/AIDS programs. Assistance focuses on generating information critical to policy decision making in FP/RH and HIV/AIDS and expanding the role of parliamentarians, NGOs, and other key groups in these areas. This will be accomplished by assisting the government of Burkina Faso in its role as host country for the next AIDS in Africa Conference (ICASA), including application of the AIDS Impact Model (AIM) and dissemination of results to national and district leaders; preparation of regional presentations and booklets on the HIV/AIDS situation for such audiences as U.S. Ambassadors and national decision makers; and workshops directed at parliamentarians and NGOs to strengthen their role in implementing the ICPD *Programme of Action* and in taking actions to address HIV/AIDS. Regional partners that are critical for POLICY activities to succeed include the Forum of African/Arab Parliamentarians for Population and Development (FAAPPD), CERPOD, the Centre for African Family Studies (CAFS), and the Family Health Project (SFPS).

Summary of Major Activities July 1—September 30, 2001

POLICY provided materials for use in the meeting with the U.S. ambassadors to West Africa, in Dakar, July 17, including a four-page brochure describing the regional HIV/AIDS projections and impact and a set of “talking points” suggested for the ambassadors regarding key policy issues.

POLICY used core funds to hire a consultant in Burkina Faso to assist in coordinating the project’s activities related to ICASA (conference activities are financed with both core and FHA–WCA field support funds). POLICY/FHA helped to orient the new consultant to the project and introduced the consultant to the AIM and the results of the application in Burkina.

POLICY conducted a workshop for the Burkina CNLS (national AIDS committee) to train staff on effective advocacy and AIM presentations. The AIM PowerPoint presentation and final draft of the AIM brochure were validated in meetings with CNLS staff and advisors and with other key stakeholders, including Ministry of Health (MOH) staff, parliamentarians from the Network for Population and Development, journalists, international organizations, and local NGOs involved in the fight against AIDS. Plans were made with the CNLS for the AIM dissemination including printing of the booklet, identification of audiences, and scheduling of presentations. POLICY met with the U.S. ambassador to Burkina Faso to brief him on POLICY activities. The ambassador was enthusiastic and expressed his interest in participating in dissemination.

POLICY staff, supported by both core and field support, met with the resident advisors of SFPS and directors of the national AIDS programs in Cameroon, Côte d’Ivoire, Benin, Togo, and Guinea as part of the effort to prepare the regional AIDS booklet for eight Francophone countries. Plans were made for a regional workshop during which national AIDS program staff from these countries will participate in the AIM application using data that they are collecting. POLICY reviewed with each country AIDS program the goal and objectives of the ICASA preconference workshop, “Critical AIDS Policy Issues and AIDS Policy Formulation.” POLICY further developed the methodology, participant profile, calendars of preparatory activities, data needs, and program for the workshop. Local consultants were selected in each country to assist in collecting needed data. POLICY also met with Mr. Allman of FHA, Christine Sow of FHI, and Dr. Kagone and Claudia Vondrasek of SFPS to discuss the POLICY workplan for the next fiscal year and to reach agreement on milestones.

October 1—December 31, 2001

In the previous quarter, POLICY used core funds to hire a consultant in Burkina Faso who was supported with combined core and FHA/WCA field-support funds to assist in coordinating POLICY's activities for the ICASA. POLICY/FHA continued to orient the consultant to the POLICY Project, including an introduction to the results of the AIM application in Burkina Faso as well as to preliminary results of the regional AIM.

The Burkina AIM brochure was finalized, and the Burkina National AIDS Control Program (PNLS) printed 3,000 copies with technical and financial support from POLICY.

Working with FHA/WCA field support and POLICY core funds and assisted by the POLICY/CERPOD LTA and CERPOD, Justin Tossou (POLICY/FHA LTA) and Martin Laourou (POLICY's Regional Technical Advisor) continued to collaborate with the PNLS of eight Francophone countries to develop a regional AIM presentation and to assess the policy environment. POLICY organized and conducted a regional AIM workshop in Ouagadougou on October 22–26 to prepare regional HIV/AIDS projections and a presentation describing the state of the epidemic and important policy issues. PNLS staff from Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Mali, Senegal, and Togo attended. Participants completed the AIM application using data they had collected, analyzed outputs from the model, and prepared a rough draft of a PowerPoint presentation. The U.S. ambassador to Burkina Faso participated in the workshop's opening ceremonies. In November, consultants in each country conducted interviews using a POLICY questionnaire and then conducted follow-up meetings to collect information on policy issues. Results were compiled and analyzed by POLICY staff.

POLICY conducted a second workshop on December 7–8 in Ouagadougou with the eight Francophone countries to share the second draft of the regional AIM presentation and to examine the policy issues facing each country identified in the questionnaires and follow-up meetings. The workshop, which was scheduled to coincide with the 12th International Conference on AIDS and STDS in Africa, was a follow-up to a 1999 Cotonou workshop on building political commitment. The POLICY Project organized the workshop in collaboration with CERPOD with a financial contribution from the Family Health and AIDS Prevention Program. Thirty participants from Burkina Faso, Cameroon, Côte d'Ivoire, Togo, Benin, Guinea, Mali, and Senegal took part in the proceedings. Delegates included journalists, and members of their PNLS, regional networks of parliamentarians, NGOs, and civil society organizations. Ron MacInnis of the Africa Bureau of USAID/Washington and Jim Allman of USAID/Abidjan also participated in the proceedings. The goal of the workshop was to assist the countries with STD/HIV/AIDS policy formulation. The workshop centered on using the regional AIM as a tool for promoting policy dialogue and sharing experiences with policy formulation issues. Each country team outlined remaining policy challenges, obstacles, and actions to overcome those obstacles.

At the conclusion of their work, participants recommended that the POLICY Project assist the eight countries in formulating national AIDS policies and in strengthening their efforts to advocate for resources. Delegates also asked that POLICY assist countries that have not yet benefited from an AIM, including application of the GOALS model to facilitate setting priorities in the allocation of resources. Such assistance should include updating projections for countries that applied the model in previous years. Delegates further recommended that national and regional workshops be carried out in each of the eight countries to focus on the legal aspects of HIV/AIDS. Participants in the regional workshop would examine the findings from the national meetings with the intention of promoting a more coherent legal framework. Finally, POLICY Project assistance was solicited for activities contributing to the prevention of mother-to-child transmission.

At ICASA, POLICY also supported presentations on regional networks, worked with the local POLICY consultant to assist the ICASA reporting committee as it met each night to synthesize the results of the previous day, and hosted a reception for participants interested in sessions on community and faith-based organizations' responses to the epidemic. POLICY met with the U.S. ambassador to Burkina Faso to brief him on the GOALS Model. The ambassador was enthusiastic and expressed his interest in its application.

GHANA

The goals of POLICY Project assistance in Ghana are to assist the government in implementing the national HIV/AIDS and STI policy and to increase the level of support to FP/RH by national and district decision makers. Project assistance focuses on institution building for the National AIDS Control Program (NACP); on expanding the advocacy efforts of the National Population Council (NPC), Regional Population Councils (RPACs) and NGOs; and on supporting policy dialogue for newly elected members of the executive and legislative branches. This is accomplished through technical, material, and financial assistance and training for the NACP and its partner institutions; TA for regional and district advocacy events; and information dissemination through counterpart organizations, including the Population Impact Project (PIP).

Summary of Major Activities July 1—September 30, 2001

POLICY's major activity for this period centered on the update of Ghana's AIDS Impact Model (AIM), which has proved useful and effective with policy and decision makers in Ghana during the past three years. POLICY provided TA to the NACP and the Ghana AIDS Commission in updating the AIM by first training a pool of Ghanaian professionals in the analysis of HIV/AIDS data, then preparing and using HIV/AIDS policy advocacy materials, and carrying out regular updates of the AIM projections and presentations.

As part of this effort, POLICY/Ghana organized a one-week, pre-workshop technical review of all relevant data, especially Ghana's 2000 census and sero-surveillance data, from 1994–2000. The staff of MOH/NACP and POLICY actively participated under the technical direction of POLICY's Alan Johnston. This group also conferred with relevant groups, such as the Government Statistician of the Ghana Statistical Services, PIP, and UNAIDS.

The one-week workshop, conducted July 23–27, achieved the following objectives:

- Update of Ghana's AIM projections using the 2000 HIV sentinel surveillance data.
- Modification of Ghana's AIM presentation by incorporating other information not previously available, such as human rights, and AIDS economic impact studies.
- Expansion of the pool of staff that are capable of applying AIM and updating the HIV/AIDS estimates and projections.

The 19 professionals who participated in the workshop included the NACP manager, head of the Surveillance Unit of the MOH, Executive Secretary of the Ghana AIDS Commission, and representatives from the NPC, Ghana Statistical Service, Reproductive and Child Health Unit of the MOH, Ghana Social Marketing Foundation, School of Public Health—University of Ghana/Legon, USAID, CIDA, and POLICY. In addition to the training, which received an excellent evaluation from the participants, the following products were prepared during the workshop and post-workshop activities:

- Written report and a PowerPoint presentation documenting the techniques used and results from the analysis of the HIV sentinel surveillance data.
- Revised DemProj and AIM files.
- Draft AIM PowerPoint presentation, with text for making the presentation.
- Outline for the revised "HIV/AIDS Situation in Ghana," third edition booklet.

Following the workshop, POLICY staff (Alan Johnston, Dr. Benedicta Ababio, consultants Dr. Phyllis Antwi and David Logan) provided thorough (1.5 hour) briefings on the results of the workshop and the HIV prevalence analysis for the following government officials and USAID:

- Minister of Health, Dr. Richard Anane and his staff
- Executive Director of the NPC, Dr. Richard Turkson
- Prof. Fred Sai, Advisor to the President on Health Issues
- Deputy Director of USAID, Jay Knott, and HPN staff member Lawrence Aduonum-Darko

One key area of concern was the 2000 estimate of HIV prevalence (3 percent): how it was prepared, why it was somewhat lower than previous estimates, and how the information should be used in HIV/AIDS advocacy efforts. These issues are dealt with in the methodology documents developed during the workshop. The explanations were well received by the Minister of Health and all other senior officials who attended the briefings. The Deputy Director of USAID expressed his thanks to the POLICY Project for the careful effort given to the task.

A further positive outcome of Ghana's 2000 AIM update was Prof. Sai's advocacy role for the updated AIM at the first business meeting of the reconstituted Ghana AIDS Commission, which took place August 15 at the speaker's conference room in Parliament House. Prof. Sai, the National Advisor to the Commission and the President on Pop/RH issues, took the opportunity to explain in his statement Ghana's 3 percent HIV prevalence for the year 2000 and the necessary advocacy message that should be given. The vice president, who was present, gave the keynote address. All of Ghana's development partners who were present gave statements of support.

POLICY participated in a USAID-modified RH CAs coordinating meeting July 31. Objectives of the meeting included effective collaboration, sharing of information, and discussion of communication strategies of RH programs in Ghana. This was most welcomed since there had not been such a forum on RH issues for more than four years. Other CAs and grantees participating included PRIME II, EngenderHealth, CEDPA, CARE, JHPIEGO, JHU/CCP, PPAG, GSMF, and GRMA. POLICY played an active role in organizing the follow-up meeting on September 18, which led to the participation of the Family Health Division of the MOH and the NPC. Finally, POLICY supported the MOH in making a presentation on its vision and implementation strategies on postabortion care (PAC) in Ghana to a USAID team carrying out an assessment of PAC activities around the world.

October 1—December 31, 2001

POLICY's major activity for this period centered on finishing the third version of Ghana's AIDS Impact Model (AIM) and the third edition (2001) of the booklet, "HIV/AIDS in Ghana," and a presenter's notebook. POLICY has initiated the printing and dissemination of these documents. A training-of-trainers workshop has been slated for next year. POLICY also completed its advocacy paper on Ghana's maternal mortality situation. The paper, "Policy Implications of Maternal Mortality in Ghana—Maternal Mortality as an Indicator of Progress in Health Sector Reform," was used extensively as an advocacy document before and during the Ministry of Health and Ghana Health Service Summit with their development partners (December 3–6) on the next five-year program of work (POW). POLICY discussed and widely distributed this paper with the highest level of decision makers of both the Ministry of Health (MOH), including the new minister, and the Ghana Health Service (GHS), including the Director General and the Deputy Director of the Family Health Division. The HPN office of USAID also used this paper to draw the attention of both the MOH and GHS to the need for a review of the maternal/RH section in the next five-year POW from 2002–2007. POLICY assisted the HPN office with preparations to circulate a memorandum to Ghanaian counterparts to accompany the paper. These efforts

resulted in elevating RH from a mere mention in previous drafts of the POW to one of the two major interventions in the final Aide Memoire of the MOH and the GHS, which will precede the final POW document. The Aide Memoire contains a funding summary for the five-year POW.

Another major activity is POLICY's preparation and participation in the African Regional Midwifery Leadership and Advocacy Workshop, which took place in Ghana on December 13–16. POLICY presented a paper, "The Policy Development Process," using Ghana's draft National HIV/AIDS/STI Policy as an example. Eight African countries participated in this successful workshop.

During this quarter, the administration, elected late in 2000, and the newly organized Ghana National AIDS Commission reviewed and discussed with POLICY the draft National HIV/AIDS/STI Policy, which had been submitted to the cabinet of the previous administration but not finalized. POLICY then supported a series of review meetings with the subcommittee members and other stakeholders who produced the 2000 version of the draft in an effort to integrate elements that reflect the new government direction. POLICY is supporting efforts to achieve final cabinet approval in the first quarter of 2002.

Work continued on policy dialogue on both HIV/AIDS and on population/RH. POLICY finalized a firm, fixed-price subcontract with PIP to undertake major population/RH/HIV/AIDS advocacy activities with the highest level decision makers in the new government and an update of Ghana's RAPID at the national, regional, and district levels using the 2000 census data. Under the contract, PIP conducted a seminar for parliamentarians on HIV/AIDS and population/RH. The POLICY LTA together with consultant Dr. Phyllis Antwi made a PowerPoint presentation to about 40 chief executives of the Ghana Employers Association at Akosombo, December 6, on the economic impact of HIV/AIDS outside Accra.

POLICY provided technical support to the Private Sector Unit of the MOH to articulate private sector involvement in Ghana health service delivery. The draft private sector policy was completed in November.

KENYA

Kenya is experiencing a devastating HIV/AIDS epidemic; a slow down and possible decline in its family planning program; increasing numbers of unsafe abortions; high and possibly rising maternal mortality and morbidity; rising infant and child mortality; deteriorating financial and human resources available for health services; economic decline; and worsening poverty.

In response, POLICY's objectives are to increase political support for high-quality FP/RH and HIV/AIDS services and to improve planning and financing of such services. To achieve these objectives, POLICY is working with a wide range of government, nongovernment, and civil society stakeholders and interest groups at national, provincial, district, and community levels. In FP/RH, POLICY's assistance focuses on achieving renewed high-level commitment to family planning in the era of HIV/AIDS and building support and capacity for postabortion care services at district and community levels. In HIV/AIDS, POLICY is working to strengthen the capacity of government and nongovernmental organizations and institutions across all sectors to develop and implement HIV/AIDS policies and programs, emphasizing intersectoral collaboration and coordination. Key programs include education, military and police, faith-based organizations, orphans, youth, gender, law and human rights. POLICY is also working to strengthen health finance policies and systems at the national, provincial, and district levels to achieve improved planning, financing, and quality of FP/RH, HIV/AIDS, and other primary health care services.

Summary of Major Activities
July 1—September 30, 2001

Several of POLICY's major activities during this quarter focused on continued assistance to a multisectoral group of stakeholders to develop policies and strategies to improve FP/RH and HIV/AIDS programs.

Prevention. POLICY produced the final version of the *National Condom Policy and Strategy for 2001–05*. During August and September, POLICY completed a two-year process of dialogue, consultations, and policy formulation with key government, NGO, and international donor organizations, resulting in final approval of the national policy and strategy. POLICY also prepared a summary presentation and foreword for the Minister of Public Health, who formally signed the document on behalf of the government of Kenya. The policy and strategy respond to the need in the areas of both FP/RH and HIV/AIDS for the government to establish a sustainable system of condom supply and distribution in which the government, donors, the private sector, communities, and users participate in financing and coordination. POLICY will continue to provide assistance to the government of Kenya and other partners as they implement the strategy following the official “launch” planned for October.

Care for PLWHAs and their families. In August, following a four-month consultation led by POLICY, a task force comprising representatives from organizations of Persons Living with HIV/AIDS (PLWHA), the Ministry of Health (MOH), POLICY, Pathfinder, and the HAPAC Project drafted the National Policy for AIDS Home-based Care. The task force submitted the draft policy to the larger stakeholder community for review, revisions, and approval during September and October. Following approval by the larger stakeholder community, it will be issued by the government of Kenya as the official policy for home-based care. POLICY's Program Director for HIV/AIDS and FP/RH, Angeline Siparo, is co-leader of the task force.

Gender and HIV/AIDS. As part of an ongoing process, POLICY organized and led monthly meetings of the National Gender and AIDS Task Force to develop action plans to address the severely neglected area of gender and HIV/AIDS. Task force members are 25 key stakeholders from both the gender and

HIV/AIDS communities—government, NGOs, private sector, and international organizations. As part of this effort, POLICY also sponsored the participation of one task force member in a gender and AIDS course in Tanzania.

Orphans and vulnerable children (OVC). In July, POLICY assisted the National AIDS Control Council (NACC) and UNICEF in establishing a 15-member national OVC task force. During August and September, the task force, of which POLICY is a core member, carried out an analysis of the OVC situation, identified goals and objectives, and began developing a national OVC policy.

Faith-based activities. POLICY facilitated and helped organize four meetings of the newly created Inter-religious AIDS Consortium (IRAC). IRAC brings together 12 different religious faiths representing more than 50 denominations to undertake concerted and well-coordinated HIV/AIDS activities. POLICY assisted members in identifying shared goals and objectives and in beginning development of a strategic plan including identifying funding sources.

Government ministries.

- POLICY is leading a two-year capacity-building program for the newly created AIDS Control Units (ACUs) in 15 government line ministries. During this quarter, POLICY finalized two ACU capacity-building curricula, conducted a workshop to pretest the new curricula, assisted NACC with the orientation course for five new ACUs, and prepared for a training program to be held in October for new ACU staff. The goal of the ACUs' capacity-building program is to develop workplace policies within each ministry and to develop policies and programs to meet the needs of the ministries' constituents (e.g., teachers and principals in the Ministry of Education; agricultural extension staff in the Ministry of Agriculture).
- In July and August, POLICY collaborated with key stakeholders (NACC, several ACUs in line ministries, HAPAC Project, Price Waterhouse Coopers) to conduct a review of the ACU program. This review was conducted through structured interviews of numerous stakeholders, including the ACUs themselves, funding agencies, NACC, and other collaborating organizations. POLICY prepared and submitted a report to NACC, USAID/Nairobi, and other key stakeholders.

Community-level organizations. During this quarter, POLICY assisted the Kenya AIDS NGOs Consortium (KANCO) in producing training and facilitators' manuals and conducting 16 capacity-building training programs for 32 Constituency AIDS Control Committees (CACCs). KANCO carried out these activities as part of POLICY's 18-month program to assist the newly created CACCs to develop their vision and mission and build their capacity to implement community-level HIV/AIDS programs. KANCO is a network of more than 600 AIDS, gender, and civil society organizations.

National coordination. POLICY participated actively in the monthly meetings of the National HIV/AIDS Technical Working Group (TWG). The TWG is coordinating the development and implementation of all national HIV/AIDS policies and strategies. POLICY presented reports on the work of the Gender and AIDS Task Force, AIDS Home-based Care Guidelines, progress on preparing the *National Condom Policy and Strategy* and the *AIDS in Kenya* booklet, and progress on capacity-building for the ACUs.

To support the development of improved policies and plans, another major focus of POLICY's work is to produce information for policymakers and planners.

- In July and August, POLICY finalized the new edition of *AIDS in Kenya*, the key reference document on HIV/AIDS. The Minister of Public Health signed the foreword on behalf of the government of Kenya. This expanded edition is the result of a six-month POLICY-led consultation, which involved drafting the document and having it reviewed by the government, NGOs, USAID, CDC, and other

international organizations. This participatory process responded to the needs of stakeholders for updated information of HIV/AIDS policy and program development. In the months ahead, this information will be used to inform policymaking and for the preparation of policy guidelines in several areas, such as OVC, mother-to-child transmission (MTCT), voluntary counseling and testing (VCT), antiretroviral (ARV) therapy, care and support, and human rights.

- To improve family planning and health information for policymakers, POLICY will, in the next 12 to 15 months, organize and facilitate consultative meetings of key stakeholders to plan and prepare for the Kenya Demographic and Health Survey (DHS) for 2003. In September, POLICY organized the first planning meeting, bringing together 13 key stakeholders from the MOH, international donors, and Macro International. During this one-half day meeting, participants began identifying high priority data and information needs for family planning and health at national and subnational levels.
- Also in September, POLICY began planning, with USAID/Nairobi and MOH assistance, the development of a national contraceptive commodities policy and strategy to achieve a renewed high-level commitment to family planning. As an initial part of this assistance, POLICY prepared an analysis and presentation, “Contraceptive Commodities Needed, 1998–2005, and Delivered to Outlets, 1998–2001.” The analysis shows that Kenya’s fertility decline has most probably slowed in the past two years. Key stakeholders will use this presentation in the next few months to begin advocating for the urgent need to strengthen Kenya’s family planning program.
- POLICY sponsored three participants (one each from MOH’s AIDS program, the National Council for Population and Development (NCPD), and the private sector) in the two-week MEASURE-Communications workshop in Uganda, “Communicating Population and Health Research to Policymakers” (September 2–16). The workshop was designed to enhance the skills of family planning and technical health staff to use data and information to better inform decision makers and improve policies and programs. The three POLICY-sponsored participants all have roles as spokespersons to communicate technical data to policymakers.
- POLICY assisted the USAID team that is conducting four postabortion care (PAC) country case studies with its assessment of the PAC situation in Kenya. POLICY also briefed the team on the POLICY-supported PAC advocacy and capacity-building activity.

During this quarter POLICY/Kenya’s new Health Finance and Policy Program was inaugurated to strengthen health systems and improve services.

- During July and August, Program Director Dr. Wasunna Owino drafted a workplan for 2001–2002 in collaboration with MOH (Health Sector Reform Secretariat, Department of Planning, and Division of Health Care Finance), USAID, Department of International Development (DfID), and other international donors. During September, in a series of four meetings, the proposed program was reviewed and revised. It is expected to receive final approval in October.
- During this quarter, POLICY supported the Division of Health Care Finance (DHCF) to monitor and evaluate key aspects of the MOH’s cost sharing program, especially key indices such as collections, expenditures, accountability, and training needs. Information was obtained for eight Provincial Medical Offices, six Provincial Health Management Teams, six Provincial General Hospitals, and three District Hospitals. POLICY provided/ facilitated training/ retraining for 28 MOH staff members at central, provincial, and district levels on the upgraded Financial Information System (FIS) to improve generation of cost-sharing revenues and ensure sustainability of existing systems.

- POLICY also strengthened the financial and management capacity of Thika District Hospital by supporting the installation and maintenance of cash registers and the operationalization of the FIS. The goal is to develop and nurture a model of a “high volume” district hospital (with a better FIS, increased collections, etc.) that could be emulated by other hospitals.

In September, POLICY and its partners conducted a review of and priority-setting for POLICY’s program in Kenya.

POLICY organized and conducted a two-day workshop with more than 30 POLICY partners/potential partners to review and discuss POLICY’s current priorities, programs, and activities; identify and discuss priority HIV/AIDS and FP/RH policy-related issues in Kenya during the next two to three years; and recommend and discuss priority areas for POLICY’s HIV/AIDS and FP/RH program from 2002–2005. Workshop recommendations will inform the development of POLICY/Kenya’s HIV/AIDS and FP/RH strategy for 2002–2005.

October 1—December 31, 2001

Several of POLICY’s major activities during this quarter focused on continued assistance to a multisectoral group of stakeholders to develop policies and strategies to improve FP/RH and HIV/AIDS programs.

Prevention. After extensive consultations with senior Ministry of Health (MOH) officials, POLICY finalized and published the *National Condom Policy and Strategy for 2001–2005*, which Minister for Public Health officially launched on December 20, 2001.

Care for people living with HIV/AIDS (PLWHA) and their families. During the past several months, POLICY and other partners (especially the MOH, Pathfinder, Catholic Relief Services, and the HAPAC Project) developed the national *AIDS Home-based Care Policy and Service Guidelines*. During this quarter, POLICY and its partners organized a stakeholders meeting to review the draft. POLICY then revised and finalized the document, which is expected to be officially adopted by the government of Kenya (GOK) and published and distributed by POLICY and its partners.

Gender and HIV/AIDS. POLICY convened and led monthly meetings of the National Gender and AIDS Task Force to develop a national strategy and action plans. At the request of the task force, POLICY prepared a strategy for engendering the national HIV/AIDS strategic plan. Several stakeholders reviewed the first draft of the strategy in December. POLICY organized a three-day training workshop on gender for task force members and facilitated a workshop session, entitled “The Gender Experiences of People Living with AIDS.”

Orphans and vulnerable children (OVC). In collaboration with others (primarily UNICEF, IMPACT, the HAPAC Project, National AIDS Control Council (NACC), and the Ministry of Home Affairs), POLICY led consultations on the development of OVC policy, program, and service guidelines. POLICY and UNICEF co-organized a three-day workshop for approximately 30 stakeholders to discuss and provide direction on the guidelines. POLICY is leading the drafting and reviewing of the guidelines, which are to be finalized during January–March 2002.

Faith-based activities. POLICY assisted the Inter-Religious AIDS Consortium (IRAC) to organize and hold its first national conference to discuss its strategy and to set priorities. POLICY provided advice on HIV/AIDS activities to the Catholic Archdiocese of Nairobi. POLICY also held discussions with the Kenya AIDS NGO Consortium (KANCO) and the Hope for African Child Initiative (HACI) about collaborating on assistance to FBOs on gender, ethical, and OVC issues. (HACI members are World

Conference for Religion and Peace, Plan International, Save the Children Fund, and Society for Women and AIDS in Africa.)

Kenya police force. Under a subcontract from POLICY, the African Medical and Research Foundation (AMREF) began a series of consultative meetings and workshops for senior police officers to assess their HIV/AIDS policy and program needs and to develop advocacy materials for a peer education program for behavioral change. One of the resources to be used is the POLICY Project's HIV/AIDS Toolkit for Building Policy Commitment for Effective HIV/AIDS Policies and Programs.

Government ministries. POLICY organized and co-led a training and capacity-building workshop for technical officers in AIDS Control Units (ACUs) in 10 ministries to develop workplace policies and programs and outreach programs for their constituencies. As follow-up to this workshop, POLICY organized a three-day review and planning meeting for all ACU directors and NACC officials.

Community organizations. POLICY reviewed the implementation of KANCO's capacity-building program for Constituency AIDS Control Committees (CACCs). Although the program is progressing well, a number of operational problems were identified (e.g., some members are illiterate, some speak neither English nor Swahili, and proposal development to obtain funding for community-based activities has been difficult or impossible to achieve). POLICY and KANCO decided to conduct a review of KANCO's CACC program and provide feedback and guidance for further implementation and possibly for revisions. This would be modeled on the successful review of the POLICY-assisted ACU capacity-building program.

PLWHA organizations. POLICY brought representatives of PLWHA organizations into active participation on several tasks including gender and HIV/AIDS, development of home-based care policy and guidelines, and the ACU workshop. POLICY facilitated their participation in other important events including the global PLWHA conference and World AIDS Day. POLICY also provided assistance to PLWHA organizations and other stakeholders such as the Center for African Family Studies (CAFS) and NACC on the involvement of PLWHA in networking for policy change and for advocacy.

National coordination. POLICY participated actively in the monthly meetings of the NACC's Technical Working Group, which is coordinating the development and implementation of all national HIV/AIDS policies and strategies. POLICY presented reports on the work of the National Gender and AIDS Task Force, the *AIDS Home-based Care Policy and Service Guidelines*, the capacity-building program for ACUs, the *National Condom Policy and Strategy*, and the *AIDS in Kenya* booklet. POLICY also participated in planning for World AIDS Day activities and provided assistance to get the active participation of PLWHA organizations and proactively involve men in HIV/AIDS programs.

To support the development of improved policies and plans, another major focus of POLICY's work is to produce HIV/AIDS and FP/RH information for policymakers and planners.

AIDS in Kenya. POLICY completed final revisions and began printing 15,000 copies of this booklet, which the Minister of Public Health officially launched on December 20, 2001. POLICY, the GOK, and other organizations will distribute it throughout Kenya. It is expected to become the most important reference document on HIV/AIDS in Kenya.

Midterm plan for contraceptive commodity procurement. Procurement of contraceptive commodities continues to be unsystematic and ad hoc, with recurrent threats of shortfalls of some methods and long pipelines (with associated problems of storage) of others. With assistance from POLICY, during the past year the GOK finalized a plan for condom procurement for the 2001–2004 period. However, the GOK does not have a procurement plan for other contraceptive commodities. POLICY held discussions with

MOH officials, and it was decided that POLICY would lead the process of consultations and development of a midterm plan for contraceptive commodity procurement for 2002–2004.

National FP strategy, 2002–2006. As a result of POLICY leadership and assistance, the GOK now has the *National Condom Policy and Strategy for 2001–2005*; however, the GOK does not have a national FP strategy. During consultations in November with MOH officials, it was agreed that POLICY would take the lead in developing a national strategy. POLICY has developed the scope of work for a consultant to interview stakeholders, review documents, and produce a first draft for review by the Family Planning Working Group of the Reproductive Health Advisory Board.

FP achievements and challenges. From the late-1970s until the late-1990s, Kenya achieved remarkable progress in FP and fertility decline. However, there is growing evidence that progress in both has slowed in the past few years. In discussions with senior MOH and National Council for Population and Development (NCPD) officials, it was agreed that POLICY would assist NCPD and MOH to analyze FP achievements, to develop a presentation to be used for advocacy, and to mobilize support for strengthening FP in Kenya.

During this quarter, POLICY/Kenya's Health Finance and Policy Program provided assistance to strengthen health systems and to increase health sector financing.

Information and advocacy for parliamentarians on health sector funding. In October POLICY/Kenya's Health Finance and Policy Program Director Dr. Wasunna Owino led discussions on the economic impact of HIV/AIDS in Kenya at a seminar for parliamentarians on the finance bill for 2001–2002. Arguments were advanced for increased budgetary allocations for health, and especially for HIV/AIDS activities.

Information and advocacy on cost sharing and health insurance. In November, Wasunna was the lead expert on a KBC television program, *Cost Sharing in Kenya: Its Impacts and Future*. The discussion aimed to mobilize support for cost sharing for health services and argued for the establishment of a social health insurance scheme. Wasunna also delivered similar messages to selected parliamentarians and, through informal contacts, to the Minister for Public Health, Professor Onger. Later in November, the president of Kenya instructed the Minister for Public Health to establish a health insurance scheme to ensure universal access to quality health care services for all Kenyans.

Consultative meetings to increase health sector resources. In November, POLICY/Kenya convened and facilitated the first consultative meeting on cost sharing and the National Hospital Insurance Fund (NHIF), bringing together 45 policy champions and officials from the MOH Health Sector Reform Secretariat, the Department for Policy, Planning and Development (DPPD), the Division of Health Care Finance (DHCF), NHIF, and selected health facilities. Technical information on cost sharing was shared and reviewed, and facility managers were informed about cost sharing performance and NHIF reimbursement procedures. Participants resolved that a priority in the next six months would be to reverse the declines in NHIF reimbursement to public hospitals.

Dialogue on National Health Accounts (NHA). POLICY/Kenya led the initiative to renew NHA activities in Kenya by assisting the DPPD to revise and disseminate the draft report on NHA in Kenya in 1998–1999 (based on 1994 data). POLICY organized a workshop on NHA in Kenya to inform senior health officials and other stakeholders about its use as a tool for advocacy, policy analysis, and monitoring of health sector reform. POLICY collaborated with other stakeholders to develop a strategy to facilitate the implementation of the next NHA proposed for 2002.

Capacity building for NHA. In November, POLICY/Kenya sponsored three participants (two from the MOH and one from the University of Nairobi) to an Eastern and Southern Africa workshop in Lusaka,

Zambia, on NHA. Participants learned about their technical aspects and their use for policy decision making, and they acquired technical skills for carrying out NHA-related activities.

Capacity building for the financial information system. POLICY/Kenya supported a skill-building program for five DHCF staff members on the upgraded financial information system (FIS) to enhance the MOH supervisory roles for FIS activities at the provincial medical officer level and below. POLICY assisted the DHCF to undertake a needs assessment to identify public health facilities for establishment of appropriate systems in preparation for the installation and maintenance of cash registers. Cash registers significantly increase financial accountability and flow of funds to the facilities.

Health services planning. In November, Wasunna assisted the secretariat of the Nairobi Health Management Board (NHMB) to develop the scope of work for a needs assessment for preparation of their strategic plan.

MALAWI

The principal strategic priorities for POLICY in Malawi are to improve the HIV/AIDS/RH policy environment through support of key government, NGO, and other stakeholders in the development, dissemination, and implementation of national policies on HIV/AIDS and reproductive health; and to develop the capacity of the National AIDS Secretariat (NAS) and the National AIDS Control Commission (NACC) to fulfill their roles in coordinating the national multisectoral response and providing technical and other support to implementing organizations.

Summary of Major Activities **July 1—September 30, 2001**

POLICY/Malawi strategy and workplan. The draft POLICY/Malawi workplan is being revised to incorporate Mission guidance on priority activities of focus, provided during the most recent TDY. POLICY staff met with incoming Malawi Mission HIV/AIDS Task Leader, Elise Jensen, during her USAID orientation in Washington, D.C., July 31, to orient her on POLICY activities in Malawi. POLICY staff discussed with Jensen the draft POLICY/Malawi strategy and workplan and the proposed hiring of an LTA to coordinate day-to-day implementation of in-country activities. Jensen noted that the Malawi Mission was in a period of transition; several new staff have taken positions during the current six-month period, including Mission and HPN Program Directors. This transition may affect short-term Mission consideration of new activity portfolios of cooperating agencies.

FP/RH user and resource needs. POLICY staff worked with the Reproductive Health Unit (RHU) in the Ministry of Health and Population (MOHP) and key stakeholders to develop FP/RH user and resource needs projections through 2015. The results will be used for advocacy and planning purposes, including for the November 1 presidential launch of the National Reproductive Health Programme and Policy. Results were also presented to MOHP Population Services Unit, USAID, UNFPA, and CDC/Malawi Global AIDS Program (GAP). POLICY is assisting stakeholders with application of the results.

HIV/AIDS policy. POLICY staff worked with the NAS on designing a process for the development and approval of a national HIV/AIDS policy for Malawi. The NAS is developing a proposal to submit to POLICY for its support and assistance with this process.

Malawi Network for People Living with HIV/AIDS (MANET) advocacy technical assistance. POLICY staff and consultant, Leah Wanjama, held discussions with MANET staff on advocacy strategy and capacity-building needs. POLICY will conduct advocacy training for the MANET Secretariat and key network member organizations to strengthen their capability to design and implement an advocacy strategy targeting critical issues facing PLWHAs in Malawi. The training is tentatively scheduled for October 8–12 in Malawi.

October 1—December 31, 2001

Malawi Network for People Living with HIV/AIDS (MANET) advocacy technical assistance. POLICY consultant Leah Wanjama organized and conducted an advocacy skills training workshop on October 8–12 in Lilongwe for 19 MANET staff and board members and network representatives. Participants included representatives from each of the six districts where MANET plans to pilot their advocacy strategy. Prior to the training, MANET developed an initial draft proposal for an advocacy campaign, which, in addition to advocacy issues, included issues better addressed through information, education, and communication (IEC) and community mobilization strategies. Objectives of the workshop were to provide participants with an understanding of advocacy and with the opportunity to apply that

understanding in revising their advocacy proposal. During the training session, participants identified and prioritized advocacy issues from their draft strategy and began the revision of their proposal. At the end of November, MANET submitted a revised proposal for review by POLICY and the Umoyo Network (an NGO network of health organizations) for comment.

National RH program and policy launch. POLICY staff worked with the RH Unit in the Ministry of Health and Population and with stakeholders in developing advocacy materials for the presidential launch of the national RH program and policy, originally scheduled for early November. The launch has been rescheduled for January/February 2002.

HIV/AIDS policy. POLICY is working with the NAS to finalize details for its support of the development of a national HIV/AIDS policy for Malawi. During this quarter, POLICY's Human Rights Legal Advisor Lane Porter and consultant Genevieve Grabman reviewed and made recommendations to the NAS on the report, *The Legal Framework of the HIV/AIDS Epidemic in Malawi: The Present Status of the Law and Recommendations*, written by University of Malawi lecturer in Law, Msaiwale Chigawa. UNAIDS/Malawi commissioned the report. The POLICY review focused on the adequacy, comprehensiveness, accuracy, and relevance of the report to international standards linking HIV/AIDS, human rights, and legislation. Both the report and the POLICY review will be used by the NAS and stakeholders as important resources in developing recommendations for a draft policy and in identifying areas where further legal consultation may be required.

MALI

USAID/Bamako has requested POLICY assistance to achieve two objectives of its HIV/AIDS strategy: an enabling environment for a multisectoral response to HIV/AIDS and a National AIDS Program (PNLS) capability for providing leadership and direction. Assistance will take the form of (1) information generation and analysis using the AIDS Impact Model (AIM); (2) advocacy and policy dialogue using presentations based on AIM results; and (3) institutional strengthening of the PNLS by carrying out the first two activities through the PNLS and its related advisory bodies. To promote a sustainable capacity for information analysis and advocacy, POLICY will also carry out activities in close partnership with NGOs and other key stakeholders. The Mission has also requested that POLICY support two MOH offices: the Nutrition Unit (DSAN), located within the planning office, and the newly established Nutrition Division (DN) of the health services department. POLICY will help strengthen the institutional capacity of the DSAN and DN to implement their respective roles by focusing on nutrition advocacy using PROFILES and strategic planning.

Summary of Major Activities

July 1—September 30, 2001

In consultation with POLICY and the Mission, DNLS formed a technical team to provide support for the application of the Mali AIM. In collaboration with the PNLS, POLICY conducted a workshop in July to provide training in the use of the model and PowerPoint for the technical team. During the workshop, POLICY also worked with the PNLS and the team to validate data collected to complete DemProj. Final data collection is pending the completion of the DHS, expected in October. Next steps, developed with the PNLS, include continued data collection for the AIM application and a November workshop to finalize the model, analyze the results, and prepare a presentation.

During the TDY, POLICY followed up activities initiated in May with the MOH nutrition offices. The minister approved the activities for updating the PROFILES nutrition presentation with the new DHS data. POLICY and the chief of the DN in CPS/MOH made plans for a PowerPoint workshop for updating the PROFILES model with data from the DHS.

Plans for TA and training were updated for the Groupe Pivot, which is a key player in developing a sustainable advocacy effort in HIV/AIDS as well as in implementing the MOH “Local Response Initiative.” In-country assistance will begin in November. POLICY, the Mission, and the PNLS conducted meetings regarding the conditions under which POLICY will finance the completion of a video about CESAG, a health center providing services to people living with AIDS.

October 1—December 31, 2001

In consultation with PNLS and the Mission, POLICY used the newly released DHS data to update the AIM presentation. POLICY conducted a workshop in November to provide training in AIM presentations for the PNLS and members of the technical team. During the workshop, POLICY also worked with the PNLS and the technical team to review and validate a draft PowerPoint AIM presentation and to devise an AIM dissemination plan. Next steps include a final draft of the AIM booklet and PowerPoint presentation, which will be reviewed and validated by the technical team and a broader group of stakeholders at a January workshop. Plans were updated for technical assistance and training for the Groupe Pivot, which is a key player in developing a sustainable advocacy effort in HIV/AIDS as well as in implementing the MOH Local Response Initiative.

POLICY met with staff of the MOH Planning Unit (MOH/CPS) to discuss nutrition activities. POLICY was informed that the recently established DN continues to wait for a final decision from the minister regarding a proposal for reform of the national nutrition plan submitted in the previous quarter before responding to POLICY's proposed support as described in the POLICY workplan.

POLICY worked with the Mission and counterparts to write a job description and advertise the position of Long-term Advisor (LTA) for POLICY. Several candidates with experience in reproductive health, including HIV/AIDS, in both the public and private sectors, were identified. Among those interviewed, one candidate demonstrated outstanding skills in policy analysis and leadership and had by far the most extensive experience at senior management levels in both sectors, and was therefore offered the position. The candidate will begin work in January 2002.

MOZAMBIQUE

POLICY objectives in Mozambique are to facilitate intersectoral collaboration and strengthen local capacity to conduct policy analysis in HIV/AIDS, and to strengthen planning and advocacy for national responses to the HIV/AIDS epidemic through the use of up-to-date and technically sound information. The portfolio is funded through the CDC Life Initiative; POLICY facilitates the participation of nonhealth sectors in CDC activities to strengthen and expand sentinel surveillance, and CDC collaborates in POLICY's work to update and expand HIV/AIDS projections and impact analyses.

Summary of Major Activities**July 1—September 30, 2001**

POLICY counterparts are the interministerial Technical Group, consisting of representatives from the National Statistics Institute (NSI), the ministries of Health, Plan and Finance, Education, and Agriculture, and the faculties of medicine and economics and the Center for Population Studies at Eduardo Mondlane University. Major activities carried out during the period focused on

- Finalizing new provincial, regional, and national estimates of adult HIV/AIDS prevalence. Work on the new estimates began in June, with a workshop with the Technical Group. New estimates were vetted with the MOH, which, with POLICY assistance, held a consensus workshop on September 6, after which the new estimates were officially approved. These estimates are to be used in all HIV/AIDS planning activities until new data are available in 2002.
- Beginning preparations of new impact projections using the AIDS Impact Model (AIM). In September, the Technical Group developed new HIV/AIDS prevalence projections and updated the AIM projections that had been published in 2000. Prior to 2000, there had been no sentinel surveillance data in the North Region or Zambezia Province, which together account for one-half the national population. The 2000 sentinel round validated the projections made for the South and Center regions, but found substantially lower prevalence than had been assumed in Zambezia Province and the North Region. The new AIM projections will be presented at a second consensus workshop, this one called by NSI, after which an updated HIV/AIDS factbook will be published so that the new projections can be incorporated into sectoral planning and advocacy messages.

Approval of the new impact projections is slightly behind, due in part to unforeseen problems such as a major outbreak of cholera, which has required MOH attention. The finding of lower than predicted HIV/AIDS prevalence has also created some confusion in the press and among high-level political leaders, despite the clear explanations given by the Minister of Health. NSI has expressed some hesitation in updating its population projections until "definitive" data are collected. POLICY has prepared a briefing for NSI, validating the projections for the South and Central regions and explaining the reasoning behind the unsubstantiated assumptions previously made for the North Region. POLICY will also work with the National AIDS Council and USAID to craft messages explaining that the new prevalence figures bring an unexpected window of opportunity for prevention; however, if immediate and effective interventions are not undertaken, by the year 2010 the HIV/AIDS epidemic will be essentially as bad as originally projected.

October 1—December 31, 2001

POLICY's counterpart is the Interministerial Technical Group, which consists of representatives from the National Statistics Institute (NSI); the ministries of Health, Plan and Finance, Education, and Agriculture;

and the faculties of Medicine and Economics and the Center for Population Studies at Eduardo Mondlane University. Activities carried out during the period included the following:

- Finalization of new impact projections using the AIDS Impact Model (AIM). On September 6, POLICY facilitated a consensus workshop called by the MOH to discuss and approve new HIV/AIDS prevalence estimates based on the 2000 sentinel surveillance round. The new estimates, prepared by the Technical Group, were officially accepted. During September–October, the group updated the AIM application and prepared presentations for a second consensus workshop called by the NSI.
- Preparation of an updated HIV/AIDS factbook, to be published in early 2002. The purpose of the publication is to encourage sectors and organizations to incorporate new projections, planning, and advocacy messages.
- Follow-up between the Technical Group and the Ministry of Plan and Finance to formally incorporate the group as the standing subcommittee on HIV/AIDS of the Technical Cabinet on Population. Earlier this year, directors of the sponsoring institutions (INE, Center for Population Studies) drafted terms for this incorporation. However, no action was taken. In December, Dr. Gaspar, Technical Group member and Vice President of the NSI, re-activated the proposal.
- Initiation of discussions to conduct HIV/AIDS impact studies for one or two major industries in Mozambique and to train the Technical Group in the methodology. Howard Helman, USAID/Maputo, made contacts with Empresarios contra SIDA (Businessmen Against AIDS). USAID and POLICY are looking into the possibility of cofinancing technical assistance with the businessmen's group.
- HIV/AIDS awareness raising in Manica Province. On his own initiative, the most junior member of the Technical Group, Araujo Martinho, decided to conduct a series of dissemination activities in Chimoio City during his December vacation. Araujo Martinho began participating in POLICY training while a student at the Center for Population Studies at Eduardo Mondlane University. He is presently working in the Department for Macroeconomic Planning at the Ministry of Plan and Finance (formerly the Department for Population and Social Development). He was also one of the three presenters at the November 16 seminar on the new AIM projections. POLICY LTA Henriqueta Tojais assisted in compiling a Tewe/Chitewe-language PowerPoint presentation, which will be presented in collaboration with the Manica provincial nucleus of the National AIDS Council. She also collected STD and HIV/AIDS brochures and condoms to be distributed in the communities. This was the first awareness-raising event in an indigenous language using official prevalence and impact projections.

No particular problems were encountered during the quarter. Due to the end-of-year holidays and reports, the Technical Group was unable to meet during December. In addition, USAID/Maputo HIV/AIDS Coordinator Dr. Donna Carpenter resigned; her replacement has not yet been appointed.

NIGERIA

The POLICY Project is working to increase political support for high quality HIV/AIDS and FP/RH services and improve the planning and financing of such services. To achieve these objectives, the project is working with a wide range of stakeholders and interest groups through a multisectoral approach. Activities include the development of HIV/AIDS policies in the civilian and military population; development of a national population policy; development of strategic plans for HIV/AIDS and young adult and adolescent RH; advocacy for HIV/AIDS, FP and young RH health; research on the effects of HIV/AIDS on vulnerable segments of the population; and use of accurate information for advocacy and planning. The project is also working with faith-based organizations to develop policies on RH and to increase support among such organizations for RH policies.

**Summary of Major Activities
July 1—September 30, 2001**

POLICY continued its support for the Armed Forces Programme on AIDS Control (AFPAC) by organizing a one-week advocacy training and strategy workshop in Lagos from September 10–14. The workshop galvanized support for AFPAC among all three service branches as well as the Defense Headquarters, and resulted in a draft advocacy strategy for AFPAC. In addition, POLICY provided TA for data entry and analysis and prepared a draft preliminary report for the military knowledge, attitudes, and practices (KAP) study that POLICY is supporting in collaboration with AFPAC.

POLICY provided TA to the Catholic Secretariat of Nigeria in the preparation of draft health and HIV/AIDS care and control policies for the Catholic Church. POLICY staff reviewed both the HIV/AIDS policy and the wider draft health policy and provided financial assistance for a review meeting on August 31. POLICY will continue to support this activity until both policies have been adopted by the Catholic Bishops Conference in 2002.

The POLICY Project supported the organization of the newly formed Nigerian AIDS Research Network (NARN) through technical and logistical support for a meeting of its executive committee where a strategic plan was adopted.

POLICY provided TA to the Ministry of Health's (MOH's) National AIDS and STD Control Program (NASCP) in preparation of a PowerPoint presentation and accompanying booklet for a recent survey of HIV/syphilis sero-prevalence among pulmonary tuberculosis and STD patients, including intravenous drug users (IDUs). The material will be used by NASCP in disseminating results and in developing strategies for combating HIV/AIDS among these at-risk populations.

During this period, POLICY provided TA to the Center for the Right to Health, a human rights-oriented NGO concerned with HIV/AIDS, in the form of editing and publishing a report on human rights violations experienced among people living with HIV/AIDS.

POLICY also contributed to the training program organized by the NASCP, WHO, CDC, and Harvard School of Public Health for field workers participating in the 2001 ANC HIV/AIDS Sentinel Sero-prevalence Survey. POLICY staff developed and presented a PowerPoint presentation on the use of surveillance data. POLICY is an integral and active member of the Central Management Committee for the execution of this activity and will be offering TA for data management and the development of advocacy presentations.

POLICY assisted the National Action Committee on AIDS (NACA) in convening a meeting of key stakeholders on August 16, to develop a strategy for revising the existing HIV/AIDS policy in order to bring it in line with the current situation. Following this, POLICY continued to work with the subsequent core technical review committee that was created. To date, and in collaboration with UNAIDS, UNICEF, NACA, and the MOH, concept papers in support of the process have been commissioned and a matrix, including the methodology for executing the assignment, developed.

As part of ongoing efforts to review the National Population Policy (NPP) using a participatory approach, POLICY, in collaboration with the MOH/CDPA, organized a series of five 3-day workshops for civil society. The workshops, first organized in June at Bauchi, were also conducted in Enugu (July 2–4), Ibadan (July 9–11), Abuja (July 16–18), and Kaduna (July 23–25). Participants made recommendations to the draft NPP. Network training was also included in the workshops for purposes of building a coalition of NGOs in each region that will eventually work toward building support for the policy. After the regional reviews of the NPP, POLICY provided TA and facilitated the policy's final review at a meeting of the Informed National Stakeholders in Abuja, August 6–7, in collaboration with UNFPA. The final draft policy was submitted to the director of the MOH/CDPA. The National Advisory Group on Population will meet in the next quarter to adopt the draft document.

POLICY staff participated in the development of a draft National Strategy on Health Communications at a workshop organized by JHU/CCP in Ijebu Ode, September 10–14. Family Health International (FHI), SFH, UNFPA, WHO, MOH/CDPA, NASCP, and selected NGOs were also involved. POLICY contributed specifically to the development of the Advocacy and Safe Motherhood components.

Work continued on the data collection for the RAPID model. Data were collected for housing, immunization, health, and agriculture. In addition, POLICY had discussions with the National Institute of Economic and Social Research (NISER) on the possibility of adopting their macroeconomic model for use in RAPID.

POLICY provided TA to the National Population Commission (NPC) in drawing out the policy and program implications of the 1999 Nigerian Demographic and Health Surveys (NDHS) for each of the five zones of the country. A PowerPoint presentation is being prepared in collaboration with Measure/DHS for each of the zones and will be used in a series of zonal workshops that POLICY will organize with the NPC in the next quarter to refine the initial policy and program conclusions.

POLICY also contributed to the drafting of the HIV/AIDS and FP/RH components of the USAID's Program Monitoring Plan (PMP).

In addition, the project assisted NACA and the Akwa Ibom State in recruiting the technical experts to work with the NACA and State Action Committees on AIDS (SACA).

October 1—December 31, 2001

POLICY provided technical assistance (TA) to the Federal Ministry of Health's (FMOH) National AIDS and STD Control Program (NASCP) in the data management and analysis of the 2001 HIV/AIDS ANC Sentinel Sero-prevalence Survey report. POLICY also provided financial and technical assistance for meetings in November 2001 that were held in connection with finalizing the report as well as with data quality issues. A PowerPoint presentation was developed from the report, which was used during the Ministerial Press Briefing, for the formal release of the report during the World AIDS Day celebrations on December 1. An accompanying booklet is also being developed that will be used by NASCP disseminating these results and developing strategies for combating HIV/AIDS pandemic in the country.

POLICY continued to assist the National Action Committee on AIDS (NACA) in revising the existing HIV/AIDS policy in order to bring the policy in line with the current situation through the work of consultants recruited to produce concept papers in specialized areas. POLICY is now developing a draft framework for the new policy in collaboration with other partners.

POLICY supported the NACA through the provision of TA during six zonal Advocacy and Mobilization workshops organized to help establish and operationalize State Action Committees on AIDS (SACAs). These workshops had a minimum of 16 participants from each state, representing various stakeholders, line ministries, NGOs, and people living with HIV/AIDS (PLWHA) groups. The workshops were also organized to assist states develop state action plans, based on the National HIV/AIDS Emergency Action Plan (HEAP) developed earlier with POLICY support. All the 36 states and the FCT participated, and POLICY staff were present in each of the zones. The workshops were held during the period November 19–30.

POLICY continued to provide TA to the Catholic Secretariat of Nigeria in preparation of the draft health and HIV/AIDS care and control policies for the Catholic Church. POLICY staff participated in both the HIV/AIDS policy and the wider draft health policy completion process and provided financial assistance for the meeting of Catholic zonal health coordinators that met to review these drafts from December 5–7. POLICY will continue to support this activity until the Catholic Bishops Conference adopts both policies in 2002.

As part of ongoing efforts to review the national population policy using a participatory approach, POLICY, in collaboration the FMOH/CDPA and UNFPA, organized a meeting of the National Consultative Group on Population and Development (NCGPD), November 30, in Abuja, to consider and endorse the draft national population policy document. The Minister of State for Health presided over the meeting in which the NCGPD ratified and adopted the new policy. The FMOH will next take this to the Federal Executive Council, which will in turn present the relevant bills to the National Assembly (legislature) to enact the laws that will ensure the operationalization of the policy.

POLICY provided TA to the National Population Commission (NPC) in organizing a series of advocacy and dissemination workshops on the policy and program implications of the 1999 Nigeria Demographic and Health Surveys (NDHS) in Ibadan, Sokoto, Minna, and Enugu, on October 9 and 25, November 29, and December 13, respectively. The regional disaggregated results of the NDHS and policy implications developed with TA provided by POLICY and prepared in collaboration with Measure/DHS were presented to key state policymakers, NGOs, researchers, and individuals in four zones. Participants worked in groups to deliberate on the key issues and made policy recommendations to be addressed in the solution of the problems identified by the survey. The last zone will be visited in the beginning of the next quarter.

POLICY Project contributed to the Nigerian application of the REDUCE Model, a maternal health advocacy tool. POLICY staff attended a World Health Organization (WHO)-organized workshop, November 4–10, with active participation of relevant partners, NGOs, RH specialists, and individuals. During the workshop, relevant data and strategies were input into the REDUCE Model; however, due to budget and time constraints, there are no current plans for POLICY to continue work in this area.

POLICY Project contributed to the drafting of the HIV/AIDS/FP/RH component of the USAID/ Program Monitoring Plan (PMP) and drafted appropriate indicators to make policy a separate intermediate result (IR) in the revised USAID framework.

POLICY continued its support for two national networks that focus on HIV/AIDS—the Civil Society Consultative Group on HIV/AIDS Nigeria (CiSCGHAN) and the National Network of People Living

With HIV/AIDS (NNPLWA)—by organizing three-day network building workshops for each of the networks in Abuja from October 29–November 1 and from November 8–10, respectively. The workshops were designed to strengthen the institutional capacity of the networks to promote and advocate for HIV/AIDS policies and programs, resulting in the revision of their mission statements and operational modalities.

POLICY also organized a network formation workshop, November 12–14, for regional RH NGO/CSOs, which led to the formation of six regional networks known under the umbrella name, the Nigeria Network of NGOs for Population and Reproductive Health (NINPREH). POLICY will continue to support the growth of these networks by collaborating with them in population and RH policy and strategic planning, and may support them with small grants.

Work continued on the data collection for a new and expanded RAPID model that incorporates additional sectors not present in the original model. This activity is now nearing completion and the advocacy component to be used in supporting the dissemination of the newly adopted population policy has also commenced.

POLICY also participated in the Journalists Against AIDS (JAAIDS) media roundtable discussion forum for November, in which POLICY staff gave a presentation to varied print and electronic media journalists on how HIV/AIDS sentinel survey data are generated and used.

Finally, progress was made on the Young Adult Reproductive Health (YARH) core package for Nigeria. After extensive meetings and discussions with the Women's Health and Action Research Center (WHARC) in Edo State, POLICY decided to execute the package with them. Work will begin December 1, and an initial kickoff meeting is scheduled for January 2002.

REDSO/ESA

POLICY activities seek to build the capacity of HIV/AIDS and reproductive health (RH) institutions in the region. One of the three principal African partners receiving REDSO support is the Commonwealth Regional Health Community Secretariat (CRHCS). POLICY will build the capabilities and capacity of the CRHCS to strengthen policy analysis, formulation, dialogue, and advocacy activities within the secretariat itself and across the 14-member countries. The Ministers of Health in these states have charged CRHCS with producing a regional HIV/AIDS strategy and resource mobilization plan. POLICY's objectives are, therefore, to assist in developing and advocating for the strategy and to strengthen CRHCS capabilities in policy work for key health issues and interventions.

Summary of Major Activities**July 1—September 30, 2001**

POLICY participated in the Directors' Joint Consultative Committee (DJCC) Meeting, July 9–13, in Arusha, Tanzania. Dr. William McGreevey gave two presentations, "National Health Accounts" and "Mobilizing Resources for HIV/AIDS," to the assembled secretaries of Permanent Health, deans of schools of medicine, and selected directors of national programs, such as HIV/AIDS. The DJCC is CRHCS's highest technical expert committee.

POLICY also contributed materially to the final revision of CRHCS's key document, "Regional HIV/AIDS Strategy for East, Central and Southern Africa, 2002–2006." This strategy statement guides ministries of Health across the ESA region. POLICY also continued to work on the development of a TA package, which countries in the region can use when writing and submitting Poverty Reduction Strategy Papers, an initiative of the World Bank.

One continuing issue concerned final approval of the scope of work, which had earlier been revised in accord with commentary provided by REDSO/ESA and submitted in final version together with the budget.

October 1—December 31, 2001

During the past year, CRHCS produced the *Regional HIV/AIDS Strategy for East, Central, and Southern Africa, 2002–2006*, which was formally approved and adopted on October 26 by the ministers of health of the 14 member countries. This strategy guides ministries in HIV/AIDS programs across the region. POLICY contributed materially to the interim and final revision by providing estimates of the costs of scaling up prevention, care, and treatment programs to national levels in east, central, and southern African countries. POLICY staff helped draft the executive summary and main text, and annexed data tables as part of its contribution to the work of CRHCS. Estimated budget revisions are currently underway at CRHCS and are being coordinated with participating countries for proposed plan implementation.

Eleven CRHCS senior staff members and POLICY's Joseph Deering conferred in Arusha from September 27–October 3 to determine priorities and finalize the joint workplan for 2002. Standardization of health policy advocacy approaches, orientation on the pivotal role of health sector reform and financing, strengthening of data analysis and presentation skills, and formulation of policies supportive of human resource development comprise the major themes. Discussants identified health policy advocacy as the next major topic for collaborative activities. Leah Wanjama and Joseph Deering established a general approach for collaborating with the Centre for African Family Studies (CAFS) in conducting an advocacy workshop during January 2002.

William McGreevey served as facilitator for the December 3–7 workshop for the design and preparation of the Poverty Reduction Strategy Paper. With more than 100 participants sponsored by several international organizations (World Bank, UNICEF, Rockefeller Foundation, Department for International Development, USAID/REDSO), the workshop fulfilled its objective of training staff in 12 sub-Saharan African countries to prepare, implement, and evaluate health, nutrition, and population projects that focus on the needs of indigent groups in those countries.

At the request of CRHCS, McGreevey prepared the closing remarks of Zoonadi Ngwenya, Administrative Secretary and ranking CRHCS official, which summarized the content of the meeting. McGreevey then engaged in the post-workshop task of preparing an executive summary and a report on the 40 presentations and the conclusions and recommendations prepared by country groups in the final two days of the event.

As a follow-up to this workshop, Deering and McGreevey met with donors and other USAID cooperating agencies (CAs), notably the Academy for Educational Development, Management Sciences for Health, and Macro International, to identify next steps to ensure adequate technical support to CRHCS and to those governments seeking to upgrade their technical skills. This is in an effort to ensure adequate resource mobilization through bilateral donors, the Highly Indebted Poor Countries Initiative, and the soon-to-be-operative Global Fund for AIDS, Tuberculosis, and Malaria.

SAHEL REGION/CERPOD

POLICY's goal in working with CERPOD is to strengthen the role of government agencies, parliamentarians, NGOs, and journalists in promoting the Ougadougou Plan of Action (OPA) of the CILSS countries, which addresses the ICPD goals, and in reinforcing political commitment for HIV/AIDS programs. Technical and financial assistance is directed toward networks representing each of the three types of nongovernmental groups (parliamentarians, NGOs, and journalists) and assisting government counterparts in making effective use of the SPECTRUM system of models. POLICY organizes periodic workshops and conferences for each network and provides financial assistance to carry out advocacy activities and supports training and application of the SPECTRUM models.

Summary of Major Activities

July 1—September 31, 2001

Major activities carried out during this period were to finalize the Sahelian NGOs Network minigrants process and help the Coordination Regionale des Reseaux des Parlementaires du Sahel (CRRPS) promote the OPA. To support the CRRPS, POLICY provided TA to Cape Verde legislators in the formation of the Cape Verde Parliamentarian Population Network and assisted Senegal in renewing the Senegalese Parliamentarian Network board. Members of these two country networks were renewed after legislative elections in 2000.

October 1—December 31, 2001

Major activities this period included collaboration with other POLICY efforts in the use of the AIDS Impact Model (AIM) and development of presentations for Francophone countries, which include CERPOD countries. POLICY/FHA and POLICY/core funds were the primary source of support for these activities. The POLICY/CERPOD LTA participated in two regional workshops in Ouagadougou (October and December) with participants from the National AIDS Control Programs (PNLS) of eight Francophone countries, including three CERPOD countries. In the workshops, a regional AIM presentation was developed to produce HIV/AIDS projections for planning and advocacy and to analyze the current policy in each country. The POLICY/CERPOD LTA also participated in the development of a national AIM for Mali, a CERPOD country, in collaboration with the Mali PNLS. The POLICY/CERPOD LTA helped the chairpersons of the three regional CERPOD networks to prepare presentations on their experiences with networking for the AIDS in Africa Conference (ICASA). The LTA also assisted a panel of donors to establish criteria for funding networks and participated in ICASA activities on behalf of POLICY/CERPOD.

SOUTH AFRICA

The goal of POLICY Project assistance in South Africa is to continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STI program by assisting different role-players in developing and implementing effective advocacy strategies for HIV/AIDS; facilitating the effective planning for HIV/AIDS programs; increasing the information used for policy and program development, and strengthening collaboration between government and civil society organizations and institutions working in HIV/AIDS.

Summary of Major Activities July 1—September 31, 2001

Because the POLICY Project in South Africa is designed to increase, strengthen, and build the HIV/AIDS capacity of a multisectoral group of role-players, as identified by the South Africa National AIDS Council (SANAC), the country's highest HIV/AIDS decision-making body, key activities during this period have focused on the following sectors:

National government departments. POLICY continues to assist the Department of Public Service and Administration (DPSA) by providing technical support to its Impact and Action Project. In particular, POLICY has provided technical input to two task teams within the project—the Policy and Legislation Task Team and the Workplace Policy Framework and Minimum Standards Task Team. During this quarter, POLICY facilitated a review of all relevant legislation and policy relating to “Public Service as an Employer” in order to identify the key principles that ought to underpin Public Service Policy on HIV/AIDS. Based on this review, POLICY provided comment to the draft HIV/AIDS Workplace Policy Framework for Public Service, and the existing HIV/AIDS policy frameworks within the South African Police Services and Departments of Education and Health. POLICY also supported the work of the manager of the Impact and Action Project, who is responsible for coordinating the work of the various technical task teams.

Nikki Schaay, POLICY Country Manager, in her capacity as Chairperson of the South African National AIDS Council's Social Mobilization and Information, Education, and Communication (IEC) Technical Task Team, facilitated the merger of the SANAC Technical Task Team and the National Department of Health's Communication Management Committee—a merger that will rationalize and strengthen the Department of Health's ability to monitor the implementation of an innovative HIV/AIDS communication contract awarded to two local consortia. The contract, collectively worth R90 million, will run for two years. Nikki Schaay will serve as a member of the Executive Committee of this joint committee and will support the Department of Health and the Government Communication Information Service in the ongoing monitoring of this IEC campaign.

In mid-August and late September, POLICY facilitated two capacity-building workshops for a team of newly appointed staff members of the HIV/AIDS and STI Directorate who, as people living with HIV/AIDS (PLWHA), have been appointed to work as advocates within specific national government departments. The team was joined by members of the National Inter-Departmental Committee on HIV/AIDS. The two training sessions provided the teams with key HIV/AIDS information, looking more specifically at HIV/AIDS, TB, and Mother-to-Child Transmission (MTCT). It also provided an overview of the current legislation pertaining to HIV/AIDS in the workplace as well as focusing on the critical issues around gender and HIV/AIDS. The workshops also provided participants with a model of how they will be able to strengthen their advocacy responsibilities within the departments.

Provincial government departments. At the request and approval of the National HIV/AIDS and STD Directorate in Pretoria, POLICY staff have also supported provincial government departments in strategic planning and policy development, as follows:

- In July, POLICY was invited by the Inter-Departmental HIV/AIDS Committee in the Eastern Cape Province to assist the HIV/AIDS Coordinators and Human Resources Training Managers from the 12 provincial government departments to work in partnership as they begin to institutionalize the current Provincial HIV/AIDS Policy Guidelines on HIV/AIDS and begin to develop model workplace responses to HIV/AIDS within their own departments.
- In August, POLICY provided support to the Provincial AIDS Council in Mpumalanga by facilitating the formal establishment of the local and district AIDS councils in this province. The terms of references for the role and functions of all three council levels were drafted.
- In July, POLICY provided support to the Gauteng Provincial Government Workplace Task Team (a team composed of representatives from all provincial government departments and associated trade unions) to equip them with the necessary skills to draft their own departmental AIDS plans.
- In July, POLICY provided additional support to the district Lifeskills Coordinators of the Department of Education, Northern Province. A capacity-building workshop was held, aimed at enhancing the monitoring and evaluation skills of the Lifeskills Coordinators in order to better equip them to monitor and evaluate the life skills program in the Northern Province.

Local government. Following from the May 2001 national local government HIV/AIDS master training program—a collaborative initiative which POLICY facilitated with the Directorate: HIV/AIDS and STIs, Department of Health, Department of Provincial and Local Government, and South African Local Government Association—POLICY continued with its support of the rollout training. During this period, the master trainers that initially received POLICY training of the initiative facilitated 15 provincial training programs across the country, which resulted in approximately 250 local government personnel receiving HIV/AIDS training. POLICY is currently negotiating the terms of reference for an evaluation of the entire project with all the key stakeholders.

Development NGOs. POLICY is continuing to provide support to 18 NGOs and six hospice organizations in all nine provinces in South Africa through a small-grants process. To ensure that the NGOs are supported sufficiently in implementing the activities they proposed, POLICY has initiated a mentorship program. Local consultants or members of neighboring NGOs will be identified to offer assistance to the recipients of these small grants. In addition, POLICY has produced the first draft of a booklet that outlines the process it has undertaken in working with this group of NGOs, and describes some of the major lessons it has learnt along the way as a project.

In late July, POLICY was requested to host a visit from members of the Program and Project Development Office, USAID/Pretoria. POLICY arranged that the members visit two community-based HIV/AIDS programs with which POLICY has had a long standing relationship with.

In mid-August, POLICY hosted a site visit by a delegation from the U.S. Senate and USAID/Washington, which included Garrett Grigsby, Republican Deputy Chief of Staff on the Committee on Foreign Relations, U.S. Senate, and Bette Cook, Legislative Program Specialist for the Bureau for Legislative and Public Affairs, USAID. A visit to a Maternal and Obstetric Unit in Khayelitsha, an informal settlement within Cape Town, was arranged in order that the visitors could be introduced to a local MTCT program. In addition, the Helderberg Hospice, a recipient of the small-grants program, also hosted a site visit by the

delegation. The delegation had an opportunity to visit two homes where HIV-positive patients are receiving home-based care, and where the caregivers have been trained through the small-grants program.

In late August, POLICY facilitated the visit of three representatives from the GOA (Lawrence Suda, James Michels, and Kathryn Hartsburg) to a small-grants project called Etafeni, which is a model community-based counseling program supported by Lifeline Western Cape.

South African National Civil–Military Alliance (SACMA). In July, POLICY supported two provincially managed SACMA workshops, one in the Eastern Cape Province and the other in the Northern Province. The focus of these two workshops was to train peer educators. In August, POLICY facilitated a National Steering Committee Meeting, during which the standardized Peer Education Program Guidelines were presented to the committee. These guidelines were adopted and will be formally launched at the AGM in November 2001.

World of work. In continued support of private sector HIV/AIDS workplace initiatives, POLICY facilitated a review of the current HIV/AIDS workplace policy and program of Impala Platinum—the world’s second largest platinum producer—in July 2001. The outcome was the completion of the company’s HIV/AIDS policy, which will be officially adopted in November 2001.

In August, POLICY provided support to the Directorate: HIV/AIDS and STIs in facilitating two follow-up meetings of the National HIV/AIDS Steering Committee of the Hospitality Sector, a committee elected after a National Hospitality Summit that POLICY facilitated in June 2001. This steering committee has drawn up tender specifications, with financial support granted by the Department of Health, for sector-specific HIV/AIDS research and program development.

POLICY has continued to provide TA to the Postgraduate Diploma in the Management of HIV/AIDS in the World of Work (a diploma offered jointly by the University of Stellenbosch and National School of Public Health at MEDUNSA). In August, local POLICY staff, with Kevin Osborne, facilitated a question-and-answer session focusing on HIV/AIDS and the workplace. The session, transmitted live by video-conferencing, was attended by approximately 50 students in different centers across the country. Dr Bongani Khumalo, Strategic Advisor on HIV/AIDS to the Presidency, was present throughout the conference.

Women’s groups. POLICY has continued to support the Directorate: HIV/AIDS and STIs in their initiative to mainstream HIV/AIDS into the work of local women’s organizations across the country. Following the “Women in Partnership” National Summit in March 2001, POLICY has now been asked to plan and implement the second phase of this initiative. This will take the form of a series of provincial capacity-building events, coupled with a national training session for members of the executive committee of this initiative. In August, POLICY was invited to present the outcome of the first phase of this initiative at the Seventh Reproductive Health Priorities Conference, Drakensburg, South Africa. Nikki Schaay was also invited to present the results of the first phase of a collaborative research project, which aims to develop a model gender-based violence training program for primary school teachers and is being conducted in conjunction with the Public Health Program, University of the Western Cape and the Rural AIDS and Development Action Research Program (RADAR). POLICY was also invited to compose the keynote speech, entitled “HIV/AIDS: Reducing the Vulnerability of Women,” for the South Africa Minister of Health, Dr Manto Tshabalala-Msimang, for the Socialist International Women Regional Meeting, in Maputo, Mozambique, September 8, 2001.

Disability sector. POLICY has continued to support a joint initiative between the Directorate: HIV/AIDS and STIs, SANAC, and the South African Federal Council on Disability, as these groups build the

capacity of representatives from local groups of disabled people to understand the implications HIV/AIDS will have on their community. An additional three workshops have been facilitated in the provinces of Eastern Cape, Northern Cape, and the North West.

Faith-based sector. Continuing its work with the faith sector, POLICY held a workshop in the North West Province in July, which explored the role of faith leaders and the unmet care needs demanded by the epidemic. As a result, a provincial faith-based forum was formed to coordinate the future HIV/AIDS activities of the group. In addition, a follow-up provincial meeting was held in August with the Eastern Cape Provincial Faith-based Task Team, at which the partnership between the provincial health department and the faith-based sector was further strengthened. The task team plans to broaden its representation through a follow-up workshop (scheduled for November), and to form links with the provincial AIDS council.

In early August, a team of local POLICY staff facilitated two planning sessions for the All Africa Anglican Conference on HIV/AIDS. The conference was convened by the Most Reverend W.H. Njongonkulu, Archbishop of Cape Town, Church Province of Southern Africa. The planning sessions, facilitated by POLICY and consisting of delegates from the majority of the nations in the sub-Saharan African region, international donor agencies, Southern African Government Officials, and African AIDS Service Organizations, not only allowed delegates to participate in an innovative approach to planning, but contributed to the development of the All Africa Anglican AIDS Planning Framework. This framework will be used across Africa to develop responses to HIV/AIDS in each local Anglican parish. The conference received wide media coverage (broadcast on prime time television in South African and on the web pages of independent newspapers). Dignitaries involved in the proceedings included Deputy President of South Africa, the Honorable Jacob Zuma, Graca Machel, and a representative from the Archbishop of Canterbury's Office.

October 1—December 31, 2001

Because the POLICY Project in South Africa is designed to increase, strengthen, and build the HIV/AIDS capacity of a multisectoral group of role-players, as identified by the South Africa National AIDS Council (SANAC), the country's highest HIV/AIDS decision-making body, key activities during this period have focused on the following sectors:

National government departments. POLICY continues to assist the Department of Public Service and Administration (DPSA) by providing technical support to its HIV/AIDS Impact and Action Project. In particular, POLICY has provided technical input to two task teams within the project—the Policy and Legislation Task Team and the Workplace Policy Framework and Minimum Standards Task Team—and supported the work of the manager of the HIV/AIDS Impact and Action Project, who is responsible for coordinating the work of the various technical task teams. In October 2001, POLICY assisted in the facilitation of a Public Service HIV/AIDS Learning Session or “Indaba,” which introduced initiatives developed by the HIV/AIDS Impact and Action Project to manage the impact of HIV/AIDS on the public service to the private sector. This event was co-hosted by the DPSA and Metropolitan Life, with the Minister of Public Services and Administration, Ms. Fraser-Mokoketi, presenting the keynote address.

Provincial government departments. At the request and approval of the National HIV/AIDS and STD Directorate in Pretoria, POLICY staff have also supported provincial government departments in strategic planning and policy development, as follows:

- As a result of technical assistance provided by POLICY to members of the Gauteng Provincial Government Workplace Task Team in July–August 2001, representatives from all the provincial government departments in Gauteng Province have embarked on drafting their own departmental

AIDS plans for 2002. Three departmental plans have been formally approved, while an additional four have been submitted for approval by the relevant department heads. These plans will guide the implementation of HIV/AIDS workplace programs within various government departments in the province in the next year.

- In further support of capacity building in key sectors, POLICY cofacilitated a workshop in November on HIV/AIDS policies and programs in the workplace, in collaboration with the HIV/AIDS Workplace Unit in Gauteng Province. This was the second workshop of its kind in this province, which aimed to build the capacity of the unit to initiate and facilitate ongoing workshops of this nature (i.e., aimed to strengthen the private sector's response to HIV/AIDS in this province). Participants to the workshop created action plans to guide their future HIV/AIDS initiatives; these will be monitored and supported by Gauteng Provincial Government's workplace unit.
- In October, POLICY provided additional support to the District Life Skills Coordinators of the Department of Education, Free State Province. A capacity-building workshop was held, aimed at enhancing the monitoring and evaluation skills of the Life Skills coordinators in order to better equip them to monitor and evaluate the life skills program in the Free State.

Local government. Following the May 2001 national local government HIV/AIDS master training program—a collaborative initiative that POLICY facilitated with the Directorate: HIV/AIDS and STIs, Department of Health, Department of Provincial and Local Government, and South African Local Government Association—POLICY continued with its support of the rollout training. During this period, master trainers that initially received POLICY training facilitated the training of a further 160 local government personnel throughout the country, bringing the total of trainees to 410. A local agency, the Centre for AIDS Development, Research, and Evaluation (CADRE), will begin an evaluation of the entire program in mid-January 2002, which will inform future training initiatives in the field of local government.

Development NGOs. POLICY is continuing to provide support to 18 NGOs and six hospice organizations in all nine provinces in South Africa through a small-grants process. To ensure that the NGOs are supported in implementing the activities they proposed, POLICY has designed a mentorship program. Local consultants and members of neighboring NGOs, all of whom have mentorship experience, have been identified to offer assistance to recipients of small grants. The mentorship program will be launched in January 2002.

POLICY has continued to develop a booklet that outlines the processes it has undertaken in working with development NGOs. The booklet will describe some of the major lessons POLICY has learned in its NGO capacity-building program and the small-grants program, and will provide program planners with detailed materials about how to work with and support local HIV/AIDS organizations and networks in incorporating HIV/AIDS into their core businesses. It is anticipated that the booklet will be available for distribution in March 2002. POLICY has also developed the framework for another booklet that will illustrate the lessons learned in supporting a community-based approach to home-based care. By drawing on the case studies of the various hospices supported in this program, POLICY will contribute to the information base of the HIV/AIDS and STI Directorate, Department of Health.

On November 27, 2002, POLICY conducted a local site visit to Etafeni, a project overseen and supported by Lifeline/Childline. This project is one of the small-grant recipients. The visit was made in order to monitor the progress of the program, and POLICY was extremely impressed at the developmental nature of the program. The project demonstrated the ability to integrate HIV/AIDS into Etafeni's existing program. Lifeline/Childline has been in existence since 1983 and focuses on the development of

playschools in the community. The playschools are needed since many communities do not have local playschools and, therefore, children were not being adequately stimulated. The project also encourages the mothers to participate at the school and teaches them to stimulate and bond with their children. The project has been given further support by other agencies to build a large center with counseling rooms for people who want to be tested for HIV as well as accommodations for individuals/families who may need respite.

South African National Civil–Military Alliance (SACMA). In October, POLICY supported two provincially managed SACMA workshops, one in KwaZulu–Natal and the other in the Western Cape. The workshop in KwaZulu–Natal took the form of a miniconference for managers of the uniformed services, which included the police, defense force, and correctional services. Approximately 150 delegates attended this highly successful mini-conference, which resulted in the formation of 10 district Civil–Military Alliance committees.

The objective of the workshop in Western Cape was to obtain commitment and partnership cooperation from specific role-players in order to establish and sustain an effective HIV/AIDS civil–military alliance in Western Cape. Participants of this workshop were representatives from civil society organizations. The outcome of the workshop was that new partnerships and new priorities were identified by the Provincial Committee for the following year.

In addition, POLICY cofacilitated the National Strategic Planning session, November 8–9. Nine provinces were well represented at the workshop, and POLICY was able to guide them through a structured planning process. The result of the work session was that a set of provincial priorities were identified by each team for 2002, with the final provincial plans expected to be submitted to the National Executive Committee of SACMA by December 31.

World of work. As a result of POLICY’s ongoing support for the National HIV/AIDS Steering Committee of the Hospitality Sector, a tender has been put out, closing on December 14, to meet the needs of the sector in relation to HIV/AIDS. The tender specifications are aimed at providing sector-specific tools and research data to support industry-specific HIV/AIDS initiatives based on the priority needs of the sector. With ongoing assistance from POLICY, the committee will oversee the adjudication and monitoring of the tender process, which has been allocated R 3 million by the National HIV/AIDS and STIs Directorate.

Women’s groups. Following the “Women in Partnership” National Summit in March 2001, POLICY continued to support the HIV/AIDS and STI Directorate and the women’s representative on SANAC in their initiatives to highlight the importance of issues related to HIV/AIDS and women. During this period, POLICY facilitated an advocacy training course for members of the partnership’s Executive Committee and provided direct support to the project’s Directorate’s Manager as she coordinated the second phase of this project. The Women in Partnership initiative has also recently launched a website (www.wipaa.org.za).

Disability sector. POLICY has continued to support a joint initiative among the Directorate: HIV/AIDS and STIs, SANAC, and the South African Federal Council on Disability, as these groups build the capacity of representatives from local groups of disabled people to understand the implications of HIV/AIDS on their community. An additional two workshops were facilitated in the provinces of Gauteng and the Western Cape. The outcomes of the series of nine workshops, facilitated during a period of six months, will be presented at a National Disability Summit on HIV/AIDS in February 2002.

Faith-based sector. Continuing its work with the faith-based sector, POLICY, in collaboration with the Department of Social Services, held a workshop in Gauteng Province in October, which aimed to

strengthen the role of faith leaders in the province concerning HIV/AIDS. The result was the capacity building of the existing provincial interfaith structure to continue its work in the sector, with a specific focus on strengthening care and support initiatives.

Following POLICY's involvement in the planning sessions for the All Africa Anglican Conference on HIV/AIDS, held in August 2001, a comprehensive planning manual, entitled "Planning our Response to HIV/AIDS: a step by step planning guide for the Anglican Communion," was developed. This planning model is available in print, on CD-ROM, or via the web at www.anglicancommunion.org/special/hiv aids/.

The model was designed for use across Africa, to provide a framework for and assist in the development of HIV/AIDS plans for each Anglican diocese. To this end, POLICY has thus far facilitated three planning workshops, one in the Northern Province and two in KwaZulu-Natal, to assist the diocese in compiling draft HIV/AIDS plans to guide their future HIV/AIDS initiatives. These plans, once finalized and approved, will be implemented at the diocesan and parish levels in mid-2002.

Traditional leaders. In November 2001, 19 representatives from the House of Traditional Leaders attended a POLICY-facilitated HIV/AIDS information workshop. The workshop aimed to introduce participants to some basic facts about HIV/AIDS and to help them develop ways in which they, as leaders, could play a meaningful role in curbing the HIV epidemic in their communities. The representatives proposed that a series of follow-up workshops be held in specific provinces in order that local leaders can also be informed about recent developments in HIV/AIDS.

Other activities that occurred during this period include the following:

- *GOALS Model training.* John Stover visited South Africa, November 28–December 5, to provide training to a team from the Department of Health in implementing the resource allocation model (GOALS) for South Africa. The ultimate goal of this work is to improve resource allocation within the HIV/AIDS program. The team from the Department of Health consisted of members of the Directorate of Health Finance and Economics; Directorate of HIV/AIDS/TB; and the Directorate of Health Information, Epidemiology, and Research. A one-half day meeting was also held for other stakeholders for them to provide suggestions for the model's implementation in South Africa and possible data sources. Thirteen additional people attended this meeting from all over South Africa, representing academic institutions, CDC, Statistics SA, Human Sciences Research Center, IAPAC, Abt Associates, and USAID. A working version of the GOALS Model is now completed; however, additional data remain to be collected before the model can be used. The model is linked to the budget estimates for the expanded response for 2001/2–2004/5. The aim of this training is to have the basic model completed by April 2002 for use in South Africa.
- *"Celebrating our Lives"—GNP+ Conference, Port of Spain, Trinidad, and Tobago, October 27–31, 2001.* POLICY sent two South African representatives to the conference to participate fully in the GNP+ Conference Program, with a special interest on stigma and discrimination, and to facilitate a skills-building session for people living with HIV/AIDS (PLWHA) that looks at internalized stigma and the role that "internal" stigma has played in the lives of PLWHA. The POLICY session was enthusiastically received, and because of this POLICY had an opportunity in the closing plenary of the conference to highlight the priorities that had emerged during the session for the GNP+ Global Agenda.

Linked to this issue, the South Africa program has recently submitted a proposal for core funds in order to undertake a two-year research project focusing on stigma. This will be undertaken in partnership with the Center for the Study of AIDS, University of Pretoria.

TANZANIA

The goal of POLICY Project assistance in Tanzania is to improve the policy environment for HIV/AIDS and reproductive and child health (RCH). Objectives include building and strengthening the capacity of government and civil society organizations and institutions across all sectors in order to advocate for policy change within and outside their organizations and to improve the design, implementation, and evaluation of HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STD program. Activities include assisting different stakeholders in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.

**Summary of Major Activities
July 1—September 31, 2001**

In early July, POLICY hosted a delegation of eight Tanzanians in Washington, D.C., for five days of meetings and working sessions on HIV/AIDS, after the UN General Assembly Special Session on HIV/AIDS (UNGASS). The working sessions consisted of follow-up activities to UNGASS and planning for an HIV/AIDS Advocacy Training Workshop in August. Members of the delegation included the chairperson of the National AIDS Commission (TACAIDS), a member of Parliament, a TACAIDS staff member from the Prime Minister's Office, directors of WAMATA and Shedepha+, the leading HIV/AIDS service organizations, the Ministry of Justice's Chief Parliamentary Draftsperson, and the manager of the Public Health Association (TPHA). Chairman Major General Lupogo (TACAIDS) met with Duff Gillespie and others at G/PHN and the Director of the White House Office on AIDS, Scott Evertz.

In July, POLICY provided a minigrant to assist the Anglican Church of Tanzania (ACT) in supporting the dissemination of ACT's HIV/AIDS Policy Statement to 1,500 pastors at the first full meeting of its clergy. POLICY will continue to assist ACT with HIV/AIDS policy advocacy activities.

POLICY supported a five-day HIV/AIDS Advocacy Training Workshop in Morogoro, August 20–24. The 41 participants included three members of Parliament and a broad geographic representation of public and private Tanzanian organizations involved in HIV/AIDS activities. At the end of the workshop, participants decided to meet again to form an advocacy network for HIV/AIDS. TPHA was assigned to coordinate this follow-up activity. POLICY is to fund a series of minigrants for supporting advocacy activities for HIV/AIDS policy issues at the national and local levels, based on the skills learned at the workshop. The first minigrant application has been received for improving support for HIV/AIDS orphans in the Tabora Region.

October 1—December 31, 2001

In early November, POLICY assisted in the launching of the Tanzanian Parliamentarians AIDS Coalition (TAPAC) at the Parliament (Bunge) in Dodoma. The launch of TAPAC was held the same day as the unveiling of Tanzania's National AIDS Policy, and two weeks after Parliament passed the Tanzania AIDS Commission (TACAIDS) Bill. POLICY's assistance in preparations for the TAPAC launch helped the Speaker of the Tanzanian Parliament allocate a building in the Parliament's complex for the TAPAC office and information center. Two seminars were also held for the full Parliament on general information about HIV/AIDS/STIs and the national response, as well as stigma and discrimination.

POLICY continues to support TAPAC and assisted in preparations for a fact-finding visit for TAPAC Executive Committee members in January 2002 to highly afflicted regions. The in-country field visit will focus on increasing the knowledge base of TAPAC members and enabling them to critically examine components of the national and local HIV/AIDS responses. POLICY also assisted TAPAC with establishing a website and design of a newsletter for the Parliament. During the launch, President Mkapa also browsed the TAPAC website. More than 110 members of the 270-member Parliament had joined TAPAC by November, including the Speaker, Deputy Speaker, and Prime Minister.

In late November, a follow-on meeting to the August HIV/AIDS Advocacy Training took place. POLICY and the Tanzania Public Health Association (TPHA) assisted in the formulation of the Advocacy Network on AIDS in Tanzania (ANAT). The advocacy coalition's first priority was identified as developing appropriate materials and strategies for the dissemination of the National AIDS Policy.

During the World's AIDS Day national celebrations in Moshi, POLICY supported a meeting of people living with HIV/AIDS (PLHWA) to discuss the development of an information network. In late December, POLICY funded the meeting of a group of HIV-positive women in Iringa Region to meet and develop a strategy to establish a support and advocacy group.

During October, POLICY coordinated the preparations of the CORE Initiative, Islamic Leaders Consultation on HIV/AIDS, held in Uganda. POLICY/Tanzania sent three additional participants, two from Tanzania's mainland and the Director of Planning and Administration from the Ministry of Health (MOH) in Zanzibar. POLICY/Tanzania also facilitated the selection of two participants for the maternal health advocacy training held in Ghana in early December. Also in December, the Tanzania Woman's Lawyers Association (TAWLA) held a forum to discuss its draft legal assessment.

Discussions continued with the chairman of TACAIDS on future POLICY support for strategic planning and advocacy once TACAIDS is fully staffed. POLICY also continued discussions with the Anglican Church of Tanzania (ACT) to fund a full-time HIV/AIDS Advocacy and Gender Coordinator. In November, a planning meeting was held with the Episcopal Conference HIV/AIDS Coordinator (Catholic Church) and the Religious Director of the National Islamic Council (BAKWATA) regarding a summit meeting of the main religious leaders about the HIV/AIDS Epidemic to be held in early 2002.

UGANDA

The goal of POLICY Project assistance in Uganda is to strengthen the commitment of national leadership to population and RH issues as a means of achieving national development goals described in the government's development strategy documents, such as the Poverty Eradication Action Plan and Vision 2025. Assistance is provided in collaboration with the Population Secretariat (POPSEC) within the Ministry of Finance, Planning, and Economic Development Management and with civil society organizations (CSOs). POLICY's workplan is directed at capacity building for the POPSEC, targeted dissemination of RAPID-based presentations at the national and district levels, and support to CSOs to advocate for RH at the national and district levels. POLICY transfers equipment, skills, and other tools to the POPSEC for application and dissemination of RAPID and to strengthen the capacity of POPSEC to provide leadership and direction on population and development issues. POLICY also provides technical and financial support and training to CSOs to enable them to plan, implement, and coordinate advocacy activities for RH.

Summary of Major Activities July 1—September 30, 2001

POLICY consolidated its presence in Uganda by hiring a long-term advisor (LTA) and establishing an office housed in the POPSEC. Throughout the quarter, the LTA and POPSEC staff continued to respond to requests for information and presentations on population, development, and RH issues following the well-received RAPID presentation to the Consultative Group meeting in the previous quarter. Requests came from other POPSEC staff, the Director of the Institute of Public Health (for his presentation to the International Conference on Mother-to-Child Transmission (MTCT), held in Uganda), MOH Department of Planning, and the UNDP. The POPSEC Director presented information from the RAPID to the European Union parliamentarians in July, and to the South-South Partnership during its September board meeting in Tokyo. The Mission Director used the draft RAPID book for discussion on development during a meeting with President Museveni. The draft RAPID book was shared with multiple stakeholders including NGOs and FBOs during three review sessions in July organized to obtain their input. A final draft version was completed and is scheduled for reproduction by the beginning of the next quarter.

POPSEC and DISH (bilateral health project) prepared and made a presentation to the USAID Mission and other partners illuminating the issue of Uganda's persistent high total fertility rate (TFR) and increased contraceptive prevalence. POLICY facilitated meetings between representatives of the Population Reference Bureau and media professionals to identify members of a regional women's media network.

POLICY, POPSEC, and the CSOs, which are members of the Uganda Reproductive Health Advocacy Network (URHAN), organized and carried out a two and one-half day workshop to review action plans drafted in a previous workshop in December and to prepare a final advocacy strategy. Participants adopted a strategy focusing on the issue of improved RH for adolescents and young people. The strategy aims at national and district-level decision makers. The CSOs developed and applied a list of criteria for the selection of priority districts from which one or two would be selected on a pilot basis. URHAN members formed an interim coordinating committee that completed two minigrant applications for financial support from POLICY to initiate the first phase (information gathering) of the strategy at the national and district levels. POLICY, POPSEC, the Mission, and the MOH will meet at the beginning of the next quarter to review the proposed district-level advocacy plans to ensure agreement on POLICY's minigrant support.

October 1—December 31, 2001

Activities continued to promote POLICY's objective of raising awareness among political leaders and other primary stakeholders. POLICY finished and printed 5,000 copies of the briefing book, "Uganda; Population, Reproductive Health, and Development." Initial distribution was on November 7 in a ceremony during which two other documents, "The 2001 World Population Status Report" and "Uganda Population Status Report," were released. Members of Parliament, ministers, high-ranking government officials, religious and cultural leaders, and representatives of national and international NGOs attended the ceremony. During the function, the director of the population secretariat gave a presentation on global and national perspectives on population, RH, and development. The U.S. deputy chief of the Mission and the director of USAID/Kampala also addressed the audience. POLICY prepared materials to assist the USAID director with her presentation on the impact of population momentum in Uganda, including a more in-depth analysis of the RAPID application and the briefing book.

A training-of-trainers (TOT) workshop for effective RAPID presentation was held November 12–16 for 18 officials from POPSEC, the Uganda Reproductive Health Advocacy Network (URHAN), the Family Planning Association of Uganda (FPAU), the USAID bilateral health project (DISH), the ministries of Health (MOH) and Gender, and a district population officer (DPO) from Hoima. POLICY/Washington facilitated the training with the LTA. Trainees will make RAPID presentations in their fields, and some will be involved in training DPOs at regional workshops to be held beginning February 2002. The DPOs will in turn make presentations to policy and decision makers in the districts.

In keeping with its strategy to promote policy dialogue and advocacy on population/RH issues to a diverse audience, POPSEC made presentations of the Uganda RAPID at the national level to

- Uganda Women's Efforts to Save Orphans (UWESO) at annual general meeting
- National Strategy for Advancement of Rural Women in Uganda (NSARU) at general meeting, attended by the First Lady (J. Museveni), ministers, members of Parliament (MPs), resident district commissioners (RDCs), and women leaders from 23 districts where NSARU operates
- Germany Media Group (Radio Doutsche Welle)
- High-level management of the Ministry of Gender
- Minister, directors, and commissioners from the Ministry of Labor and Social Development
- Media practitioners
- Program managers of UNFPA/POPSEC-supported projects

POLICY/Washington and the LTA developed a presentation to facilitate discussions between the USAID Mission director and the President of Uganda, His Excellency, Yoweri Kaguta Museveni. The presentation addressed the following issues: population momentum, land use, and birth spacing as compared with the United Kingdom and the "Asian tiger" countries.

To strengthen the role of NGOs as partners in addressing FP/RH, population, and development, POLICY helped URHAN secure a minigrant for national activities, which included a general meeting during the November 6–8 meeting. At the meeting, members agreed on a workplan for November 2001–January 2002 and established working committees with well-defined activities. Four subcommittees were formed to cover policy and coordination, research and data, coalition building, and the media.

POLICY, POPSEC, the Mission, and MOH met and agreed on Hoima as URHAN's pilot district for advocacy. Hoima was selected because its unique adolescent RH characteristics need immediate attention. The district has one of the highest school dropout rates for girls and one of the highest rates of teenage pregnancy in the country. There are already a few URHAN-member organizations working in the district, and the policy environment is good.

ZAMBIA

POLICY's objectives in Zambia are to enhance HIV/AIDS advocacy and community mobilization and promote HIV/AIDS-related human rights. This second objective is supported by the following three activities: a legal effort in which Zambian laws and regulations related to employment, HIV/AIDS, and human rights are summarized and put into a manual for use by public and private sector employers; a media campaign to disseminate key information about human rights and referral services; and a HIV/AIDS and Human Rights Referral Center to provide counseling and advice.

Summary of Major Activities
July 1—September 30, 2001

Community Alliances Initiative. During this reporting period, POLICY began working to implement the Community Alliances Initiative. POLICY in-country consultant Robie Siamwiza led the search for a Zambian national to lead this one-year advocacy activity for HIV/AIDS community alliances in the Southern Province. Siamwiza organized a committee of local stakeholders to review resumes of local candidates, and the committee selected Suzanne M. Matala for the position. Matala will join POLICY next quarter to provide technical support and advocacy training to community groups, civil society organizations, and the public sector in the Southern Province to carry out HIV/AIDS advocacy events/activities through a coordinated effort.

POLICY also initiated consultations with other interested organizations that are either supporting or directly undertaking district-level HIV/AIDS activities (e.g., Global AIDS Alliance, ZAMSIF, UNAIDS, and ZIHP-SERV) with a view to identifying a niche for POLICY. POLICY also began compiling advocacy materials for dissemination.

HIV/AIDS and Human Rights Project. POLICY assisted NZP+ in refurbishing the Human Rights Referral Center by including telephone and e-mail. Also, volunteer referral workers trained by a social work lecturer from the University of Zambia continued to screen clients and refer them to appropriate legal or social services for assistance. Volunteer referral workers conducted outreach sessions twice a week in workplaces to inform employers and employees about human rights issues related to employment and HIV/AIDS. Siamwiza is working with NZP+ to coordinate efforts with the Zambia Integrated Health Project (ZIHP) workplace program and to develop a uniform message on human rights and HIV/AIDS.

Two capacity-building activities were held during the reporting period. Volunteers of the Human Rights Referral Center and partners in the referral network (e.g., legal and social service organizations receiving clients from the center) were trained in monitoring and evaluation and assisted in developing monitoring indicators for use in the referral process. In addition, volunteers of the Human Rights Referral Center and two NZP+ staff were trained in the use of the Access database software package to facilitate construction of a database of clients attending the Human Rights Referral Center. The database will be used by ZAMCOM and the Human Rights Referral Center to identify patterns of responses to media messages, demographics of clients coming to the center, and the number and socioeconomic profile of clients actually going to the legal/social service organization to which the referral was made.

ZAMCOM, with POLICY support, completed the materials for the media campaign that will be launched in October. The theme of the campaign is "Know Your Rights," which encourages people to come to NZP+ for help, such as for counseling or referral to legal or other support services.

Women and Law in Southern Africa (WLSA) produced a guideline on HIV/AIDS and employment for use in HIV/AIDS workplace programs. The USAID-supported ZIHP and the National HIV/AIDS

Secretariat reviewed the guideline and adopted it for use in the FACEAIDS workplace program. The guideline has been provided to the Zambia Business Coalition on HIV/AIDS (ZBCA) for review and adoption into its program. In September, POLICY initiated dialogue with FACEAIDS and ZBCA to print the guideline for dissemination in government, NGOs, and private companies outside of Lusaka. ZBCA is looking for a company to pay printing costs.

October 1—December 31, 2001

Community Alliances Initiative. Suzanne Matala, Coordinator for the Community Alliances Initiative, joined POLICY staff in October to begin implementation of the program. During October, Matala developed a one-year schedule of activities for the Initiative. As one of the first activities, POLICY staff organized a training-of-trainers (TOT) workshop in Livingstone, Southern Province, November 19–27, 2001. The TOT workshop was designed to build the capacity of trainers and advocates at the community level who will assist in Community Alliance Initiatives in Southern Province. Twenty participants were drawn from organizations with diverse HIV/AIDS programs and initiatives at community levels. Organizations included David Livingstone Teachers' Training College (DLTTC); Bahai Faith; Family Health Trust (FHT); Children in Distress (CINDI); Let's Build Together (LBT); the Christian Council of Zambia (CCZ); the Evangelical Fellowship of Zambia (EFZ); the Episcopal Conference of Zambia (ECZ); the Young Women Christian Association (YWCA); Kara Counselling and Training (KCT); Ministry of Community Development and Social Services; Ministry of Sport, Youth, and Child Development; Ministry of Health (MOH); and *The Livingstonian* (a local magazine).

The workshop provided training on the advocacy process, including information on how to develop an advocacy plan, how to choose community advocates, how to build alliances and relationships, and how to identify key stakeholders and potential organizational partners from national to community levels. The workshop also trained participants in the use of the AIDS Impact Model (AIM) as an advocacy tool, and provided information on the National HIV/AIDS Strategic Plan.

At the conclusion of the workshop, participants said that the effort was unique because it went beyond HIV/AIDS information dissemination and provided training in advocacy and the use of AIM as well as training in alliance building. They were pleased that the training also equipped them with advocacy skills that would be useful in their work as well as in their personal lives. New alliances were also identified at the workshop, and different organizations agreed to work together in their districts and areas of operation.

The next step will be to assist TOT participants in organizing community workshops on advocacy and community-alliance building. This process will begin in January 2002, and will target church leaders, chiefs, employers, women's and youth groups, and other influential people in communities.

HIV/AIDS and Human Rights Project. Zambia Institute of Mass Communication (ZAMCOM) continued its media campaign on the employment rights of PLWHA using television and newspaper advertisements. ZAMCOM also completed a brochure on the employment rights of PLWHA. The ZAMCOM campaign identifies the Human Rights Referral Center, administered by the Network of Zambian People Living with HIV/AIDS (NZP+), as a referral group for people who believe that their employment rights have been infringed because of their HIV status.

NZP+ continued to administer the Human Rights Referral Center. Clients visiting the center stated they saw advertisements about their rights and about center services on television, in newspapers, or in ZAMCOM-produced brochures. At the end of October and in early November, a "pre-launch" television interview program was broadcast to explain to the public the purpose of the advertisements. After the pre-launch, the advertisements were regularly shown.

During the quarter, 21 people were seen in the Referral Center. Center clients had experienced problems involving a range of human rights issues, including HIV testing without consent, workplace discrimination and harassment, HIV transmission through “sexual cleansing,” and marriage and divorce. Most of the clients were men who had come to the center with problems of discrimination in the workplace.

The Referral Center screens cases and makes referrals to appropriate services for legal redress and social services. The center’s partners include the Legal Resource Foundation, Women and Law in Southern Africa (WILSA), YWCA, Women’s Legal Aid Clinic (WLAC), and KCT. The Referral Center also receives telephone inquiries about services; however, the number of calls is not recorded

Consultant Robie Siamwiza served as a resource person for a workshop conducted by NZP+ on HIV/AIDS and Human Rights. The purpose of the workshop was to expand the network of partner organizations. NZP+ used the work occurring in the Referral Center to obtain \$40,000 in new funding from UNDP to expand human rights outreach work.

ASIA/NEAR EAST (ANE)

BANGLADESH

The goal of POLICY assistance in Bangladesh is to improve the policy environment for FP/RH programs. Assistance will focus on formulating and improving policies and plans that promote and sustain access to effective health service delivery among the needy. Toward this end, POLICY works to ensure that NGO and community involvement is broad based for better services covering a larger clientele; builds consensus to increase resources for FP/RH programs; improves the ability of government planners and NGO managers to conduct rational and effective planning; and assists in the generation of accurate and timely information for meeting program requirements.

Summary of Major Activities
July 1—September 30, 2001

Activities relating to expanding the role of NGO's in health service delivery:

- *Meeting with the Planning Minister.* POLICY's Country Director met with the Planning Minister on July 11, to discuss the issue of NGOs playing the role of catalytic agents in activating the communities and the proposal of selected NGOs to acquire 12 clinics in six divisions. The Planning Minister concurred with this, which was endorsed earlier by the Health Minister.
- *Commissioning consultants.* POLICY has commissioned Dr. Abdul Barkat and Alamgir Farrouk Chowdhury, former Health Secretary, as consultants effective September 1, to draft a concept paper on expanding the role of NGOs in health service delivery.
- *Concept paper developed.* On September 9, 2001, Dr. Abul Barkat, Alamgir Farrouk Chowdhury, and POLICY's Country Director held a meeting at the local policy office with Jay Anderson, USAID, at which the draft concept paper was examined and comments incorporated. On September 10, 2001, the concept paper was shared with the Department for International Development (DfID), the World Bank, and USAID for final review. The next step will be to submit the final concept paper to the Health Secretary. Chowdhury will follow up on this.

Contraceptive injectable procurement issue. Procurement of contraceptive injectables for the national program is pending approval. Upon USAID request, the Country Director met with the Health Secretary to expedite the approval process.

Briefing the new MOHFW Secretary about NIPHP activities. USAID's Jay Anderson and Charles Llewellyn and POLICY's Country Director called on Fazlur Rahman upon his appointment as the new Health Secretary. On September 11, in a meeting to brief Rahman, the newly appointed Secretary, Ministry of Health and Family Welfare (MOHFW), on the National Integrated Population and Health Program (NIPHP), all nine NIPHP partners presented their respective programs, with special emphasis on the results thus far achieved. After the briefing, Dr. Barkat, Alamgir Farrouk, and the Country Director met with the Health Secretary to hand over the concept paper on the NGO Management of the Community Clinics. The secretary requested time to review the paper and scheduled a subsequent meeting with Dr. Barkat and Alamgir Farrouk later in September.

Pre-election policy brief by Center for Policy Dialogue. POLICY's Country Director was invited to participate in the preparation of a Pre-election Brief on the Health and Population Sector. This task was completed, and the brief is to be presented to the incoming government following the October 2001 election.

October 1—December 31, 2001

Activities relating to greater role of NGOs in health service delivery. The POLICY Project Country Director met several times with the Health Secretary to discuss the issue of NGOs managing the operation of 12 of 4,000 recently constructed community clinics. The Health Secretary advised that a framework and guidelines be prepared for the management of the clinics, and that the necessary government approval be obtained. Dr. Dennis Chao, RTI, will assist consultants Dr. Abul Barkat and Alamgir Farrouk Chowdhury in designing the framework.

The Health Secretary and Country Director attended a luncheon meeting hosted by the Ministry for Health and Family Welfare (MOHFW), in which the minister provided his concurrence that the 12 community clinics (two in each division) should be managed by NGOs on a pilot basis. The three donors (USAID, Department of International Development (DfID), and the World Bank) welcomed this decision as a major step forward. Once the framework is ready, the three donors will review the document; and on completion of revisions, it will be submitted to the government for approval.

Activities of Social Marketing Company (SMC). A meeting on the reorganization of the SMC was held on November 7. The POLICY Project Country Director chaired the meeting, which was attended by Anisuz Zaman Khan, Managing Director; Jay L. Anderson, Team Leader, PHN, USAID Mission; and Don Levy, consultant. Several meetings followed. SMC also recruited a local consultant, Abul Ashraf, to assist the expatriate consultant on the reorganization issue. Additional meetings of the Oral Rehydration Salts (ORS) Factory Construction Committee of the SMC were held on the construction, planning, and management of the ORS plant. Points that were raised, concerning costing, funding, installation, and other factory-premise facilities, were all duly resolved.

Meeting of the Corporate Steering Group Meeting (CSG) of the National Integrated Population and Health Program (NIPHP). A meeting of the CSG of the NIPHP was held at the MOHFW, November 13, presided by the Health Secretary. At the meeting, the workplans of each component of the NIPHP were presented and approved, and the secretary directed that all the activities under these workplans should be incorporated in the HPSP Operational Plan.

Meeting with the Director General of Health regarding upgrading the Technical Training Unit (TTU). The Country Director held a successful meeting with the Director General of Health, October 30, regarding the use of the sale proceeds of condoms donated by USAID, which amounted to US\$100,000. These proceeds have been lying in a joint account for 10 years. The government and USAID agreed that the money could be used in any activity by mutual consent of the MOHFW and local Mission. USAID agreed to use the funds for upgrading the TTU after discussion with the ministry and the Directorate of Family Planning.

Activities related to Bangladesh Center for Communication Program (BCCP). The Executive Board Meeting of BCCP, held on November 14, was chaired by the Country Director as its Executive President, and approved the agenda items.

EGYPT

The POLICY Project in Egypt supports USAID/Cairo's objective in the population/family planning (FP) sector—to reduce fertility. To achieve this objective, the coverage and quality of services offered by the Egyptian FP program are being expanded and the program's institutional and financial sustainability improved. POLICY is helping by providing technical and financial support to Egyptian institutions in the development and presentation of FP/RH policy analyses; developing FP/RH financial analyses and presentations in order that systematic attention can be given to sustainability issues; engaging in policy dialogue with relevant and influential government policymakers and institutions; and helping to strengthen the ability of NGOs to engage in constructive policy dialogue and advocacy.

Summary of Major Activities **July 1—September 30, 2001**

POLICY plays a major role in developing the National Strategic Plan for Population. In collaboration with POP IV–Pathfinder, the Ministry of Health and Population (MOHP), and UNFPA, POLICY facilitated the initial stages of developing the National Strategic Plan for Population, 2002–2017. During this quarter, POLICY organized a series of meetings to prepare the FP/RH strategic plan. POLICY conducted interviews with all the heads of departments in MOHP to discuss their vision of the future, and organized workshops to develop the first draft of the plan. POLICY organized a four-day workshop in which the goal and objectives of the strategic plan were determined for FP/RH and child health and survival. Workshop participants were senior policymakers in the MOHP and other related organizations. The workshop was considered a historical event at the MOHP in which, for the first time, policy dialogue took place among all senior policymakers about the future of health and population.

Two regional training workshops on policy analysis and presentation skills. In collaboration with Partners in Population and Development, POLICY organized two training workshops, “Policy Analysis and Presentation Skills.” (Partners in Population and Development is an alliance of 16 developing countries, established specifically to realize the concepts of South–South collaboration elaborated in the ICPD *Programme of Action*). In total, 20 trainees from 13 countries attended the workshops.

POLICY assists the Aswan NGO Coalition. In collaboration with the Aswan NGO Coalition and Aswan Health Directorate, a baseline survey was completed to assess the needs of El-Sheikh Haroon and Kofor Kom-Ombo communities for FP/RH. POLICY helped members of the NGOs and the health directorate develop a very simple questionnaire and conduct data collection under the project's guidance. This activity demonstrated that the coalition is becoming active and effective.

Increasing the use of Family Planning Association (FPA) clinics. POLICY identified three FPAs in the governorates of Dakahlia, Kafr El Sheikh, and Suez, which are seeking to activate three of their FP clinics. Under POLICY's guidance, a situation analysis was conducted describing the resources available at the clinics. POLICY helped the FPAs and Clinical Services Improvement (CSI) to communicate and share technical expertise.

Minister of Health and Population uses the Policy Environment Score. POLICY issued a report about the fifth round of the Policy Environment Score, 2000. USAID staff collected the data after being trained by POLICY. POLICY analyzed the data and prepared the report, and the Minister of Health and Population and Director of the MOHP's Population and Family Planning Sector quoted its main findings and had them announced in three of Egypt's daily newspapers.

Proposal for training Al-Azhar University female students as advocates for FP/RH. Building on the strong positive relationship developed last year with the oldest Islamic university, POLICY held several meetings with university staff to develop a proposal aimed at building the capacity of the present female student body as FP/RH advocates and to have faculty members to conduct this type of training.

Financial data collection. POLICY is currently updating the FP cost study. Financial data were collected for 1999 in collaboration with the MOHP's Department of Planning from several organizations following the same procedures used in previous POLICY studies.

October 1 —December 31, 2001

Assistance to the Ministry of Health and Population (MOHP) in developing two strategic plans. Continuing the efforts started in the last quarter, POLICY, in collaboration with Pathfinder and the MOHP, organized a series of meetings and workshops to develop the National Strategic Plan of Population and Family Planning, 2002–2017, and Child Health and Survival. These plans are two of 11 strategic plans developed by the team together with a UNFPA Project. The strategic plans were finalized and drafts approved by the National Committee for Strategic Planning at the MOHP, December 1, 2001, and presented to the Minister of Health and Population.

Production of population and FP projections for 2000–2017. POLICY produced a set of population and FP projections that are being used by the MOHP and other partners in the strategic planning process. Assumptions, scenarios, and input data of the projections were agreed to by USAID, the MOHP, DHS, and POP IV.

Planning activities in Aswan. POLICY staff continues to visit the Aswan governorate in providing technical assistance to the Aswan Coalition and POLICY champions. Together with the Directorate of Health in Aswan, the coalition prepared a strategic plan for the RH Counseling Office (established with POLICY support) based on the office's message and objectives; strategic plans for member NGOs of the Aswan Coalition that have donated FP/RH clinics to the Health Directorate. The coalition also plans to establish women's clubs in 10 of the NGOs that participate in the Aswan Coalition. Also, POLICY finalized an analytical report on the results of a baseline survey. The MOHP will rely on the results of this survey to design FP/RH services needed for these communities.

Al-Azhar University introduces population education into the curriculum of the Faculty of Humanities. For the first time, the Supreme Council of Al-Azhar University issued a decree approving the integration of population education into the curriculum of the Faculty of Humanities. Two POLICY champions from the university had received training from POLICY that helped them become active and implement activities inside the university aimed at changing or modifying existing policies or introducing new ones.

POLICY champions from Al-Azhar University finalized a proposal for training Al-Azhar University female students as advocates for FP/RH. A university local committee was established from Al Azhar staff to monitor and serve as catalyst for FP/RH advocacy training. The target of this activity is to build the capacity of female students as FP/RH advocates and of staff members to conduct this type of training. In the long run, these female students will promote advocacy for FP/RH from the religious point of view and provide information on FP/RH in their respective villages.

FP cost study update. Financial data for 1999 are being collected from several organizations in collaboration with the MOHP's Department of Planning, following the same procedures used in previous POLICY studies.

Preparation of a curriculum on management and effective leadership in FP/RH. The MOHP asked POLICY to train district managers on management and leadership. The training is to be attended by directors of Health Directorates, heads of FP departments, and maternal and child health (MCH) departments in three governorates of Upper Egypt (Aswan, Sohag, and Qena).

Follow-up to training program. One of the participants from Mali in the training program on Policy Analysis and Presentation Skills, held in collaboration with the South-to-South Partners last September, reported using the training skills in a Global Program on Leadership in Tunisia. The presentation, “Situation of RH Problems in Mali,” made use of all the skills acquired during the training received from POLICY in Cairo.

Presentations to influential audiences. Cairo University held its annual symposium, “Modernization of Egypt: Futuristic Visions,” under the auspices of Egypt’s First Lady Mrs. Mubarak. The session on health, headed by the Minister of Health and Population, was based on the presentation delivered by POLICY, entitled “Human Development: Health, Population, and Environment.” Also, during the annual seminar of Cairo Demographic Center, POLICY delivered a presentation about the youth in Egypt.

INDIA

POLICY Project activities in India focus primarily on supporting the USAID Mission's major bilateral project in Uttar Pradesh (UP), the Innovations in Family Planning Services (IFPS) Project. Objectives of the US\$325 million IFPS Project are to improve the quality of FP/RH services. POLICY staff work closely with the Mission and its NGO counterpart, the State Innovations in Family Planning Services Agency (SIFPSA). TA includes activities related to planning, monitoring and evaluation, data collection and analysis, operational and monthly activity plans, and development of management information systems. POLICY also works with the UP state government to implement the state's population policy, which was enacted in July 2000.

Summary of Major Activities July 1—September 30, 2001

POLICY prepared district action plans (DAPs) for Banda and Fatehpur districts, and the Project Advisory Committee of SIFPSA approved these plans on July 16, 2001, allocating Rs43,396,420 (US\$923,328) to implement them. POLICY completed the baseline surveys in Baghpat, Gorakhpur, and Unnao districts, with a sample of 1,500 households in each district, analyzed the data, and prepared reports. POLICY also conducted facility surveys in these districts and prepared reports.

POLICY prepared three presentations for each district dealing with baseline survey results, infrastructure, facilities and logistics, and RH objectives. Workshops were conducted to participants drawn from government, NGOs, and cooperative sectors in Baghpat and Unnao districts to select district-specific objectives and strategies. The Gorakhpur District workshop could not be conducted because of floods. POLICY prepared DAPs for Baghpat and Gorakhpur districts, and the Project Advisory Committee of SIFPSA approved these plans on September 27, 2001, allocating Rs38,513,470 (US\$819,436) to implement them.

POLICY completed baseline surveys in five additional districts—Ballia, Chandauli, Hathras, JP Nagar, and Kausambi—and data analysis is now underway. POLICY also collected information on infrastructure, facilities, and logistics from these districts. POLICY subcontracted the data collection to three research organizations to conduct baseline surveys in eight more districts. POLICY, in collaboration with subcontractors, conducted 14 training programs and trained 326 listers/mappers, investigators, editors, and supervisors.

POLICY revised the previously approved operational plans and monthly activity plans earlier approved and prepared presentations for one-day DAP launch workshops in Agra, Bareilly, and Saharanpur. POLICY prepared operational plans and monthly activity plans and presentations for Firozabad, Mirzapur, Moradabad, Shahjahanpur, and Sitapur districts. These plans were shared in one-day workshops in these districts and approved for implementation.

POLICY, in collaboration with EngenderHealth, USAID, and SIFPSA, prepared a presentation on sterilization performance in UP and presented the findings to USAID and cooperating agencies (CAs) on September 19. POLICY also prepared a presentation for SIFPSA on the performance of the IFPS Project in UP. POLICY sponsored four participants to training programs and strengthened their skills to analyze policy relevant information.

October 1—December 31, 2001

POLICY completed baseline surveys in the following eight districts, with a sample of 1,500 households in each: Gonda, Balarnpur, Maharajganj, Azamgarh, Etawah, Auriyya, Kanpur Nagar, and Chitrakoot. POLICY analyzed the data for Maharaj Ganj, Kanpur Nagar, Etawah, and Auriyya and prepared baseline reports and on-line and facility survey presentations. POLICY also prepared an alternate set of objectives for these districts using the SPECTRUM system of models. Workshops were conducted in the districts of Gorakhpur, Maharaj Ganj, Chandauli, Kausambi, JP Nagar, Kanpur Nagar, Etawah, and Auriyya for participants from the government, NGO, and cooperative sectors in order to select district-specific objectives and strategies. POLICY prepared action plan proposals for Chandauli, Kausambi, Kanpur Nagar, and JP Nagar districts. On December 20, 2001, SIFSPA's project advisory committee approved these proposals, allocating Rs146,946,165, or US\$3,087,104, for implementation during the next three years.

POLICY participated as a member of the team, constituted by the USAID Mission, charged with preparing the report, "India Health Systems Strengthening Assessment: Issues and Options for USAID." The draft report was submitted to USAID on December 12. POLICY prepared a paper entitled "Population Policy Implementation Planning" and presented it at the National Workshop on Converting Population Policy into Action, conducted by the Center for Policy Research in Delhi on December 10–11.

POLICY completed the sample selection for the SO2 indicator survey, with a sample of 10,000 households, and modified the interview schedules in consultation with USAID PHN staff. POLICY subcontracted the data collection to four survey research organizations and monitored the training of listers and mappers conducted by these organizations. Listing and mapping were completed in 258 villages and 113 urban blocks in UP. POLICY also prepared subcontracts for a cost recovery study in Rajasthan and a gender study in UP.

JORDAN

The POLICY Project is assisting USAID/Amman and its local partners to improve access to and quality of reproductive and primary health care services. POLICY is accomplishing this by promoting the adoption and dissemination of the revised National Population Strategy (NPS); increasing the awareness of and support for the NPS among members of Parliament, government policymakers, the private sector, civil society organizations, NGOs, religious leaders, women's groups, and other key leaders; developing a national plan to implement the NPS; and enhancing the capability of the National Population Commission's General Secretariat (NPC/GS) to plan, monitor, evaluate, and coordinate the national implementation plan for the NPS. In addition, the POLICY Project is working closely with national Jordanian NGOs to enhance their capacity by building a network of women's groups that promotes their participation in the policy process for RH with special emphasis on gender, human rights, and adolescent issues.

**Summary of Major Activities
July 1–September 30, 2001**

Reproductive Health Action Plan (RHAP) Retreat, Aqaba, August 8–9. POLICY local staff organized the RHAP Retreat in which members of a national task force, with technical support from Dr. William Emmet, developed the first draft of the RHAP. The document is needed to support the implementation of the NPS.

Post-RHAP retreat dissemination meetings. Following the RHAP Retreat, POLICY staff organized five meetings for the RHAP task force to review the Arabic version of the RHAP and develop a plan for disseminating the document to a larger group of stakeholders. POLICY local staff organized two meetings, September 27 and 30, to disseminate the document to two groups of key stakeholders. More meetings will be arranged in October.

Policy models training, July 22–26 and 29, August 2. With support from Sharon Kirmeyer/RTI and Manal El-Fik, of POLICY/Egypt, POLICY/Jordan organized two training workshops to provide training in the use of SPECTRUM (DemProj and FamPlan) to estimate future FP/RH needs as inputs for the RHAP. Sixteen trainees, representing government ministries and major USAID-funded projects, attended the workshops.

Arranging for capacity building of local counterparts. POLICY supported the participation of Mona Talafah, Manager at the Arab Banking Corporation, in CEDPA's Institution Building Training course. The training took place in Washington, D.C., between September 10 and October 12. POLICY also supported the participation of Nuha Mayta (a new parliamentarian who was recently elected by the Parliament to fill the seat that became vacant after the death of another Parliament member) in the Global Women's Summit that took place in Hong Kong.

October 1—December 31, 2001

Reproductive Health Action Plan (RHAP) dissemination meetings. POLICY staff organized seven dissemination meetings in October for 38 different key stakeholders. Three of these meetings were held at the central level for ministries and governmental organizations, NGOs, and donors, and four were held at the governorate level.

Presentation on the analysis of trends in contraceptive prevalence in Jordan and program implications. On November 1, POLICY staff presented the results of the analysis to all cooperating agencies (CAs) and their staff to inform them of program actions needed to increase the contraceptive prevalence rate (CPR).

Network Building and Advocacy for Policy Change Workshop, November 11–13. This workshop was the first in a series of workshops to establish a network and train its members to design and conduct an advocacy campaign. The main goal of the workshop was to establish an advocacy network composed of governmental, nongovernmental, and private sector organizations in Jordan committed to the promotion of policies that promote and sustain access to quality FP/RH services. Twenty-two representatives of the government and NGOs attended the workshop.

Presentation on population growth, December 6. This presentation was designed to show the impacts that the FP program has had on population growth in Jordan and to advocate for increased support for the program. The presentation was given on December 6 at the USAID Mission. In attendance were the U.S. Ambassador, the USAID Mission Director, OPFH Director, and approximately 100 other individuals from the Mission and U.S. Embassy. The presentation lasted approximately 30 minutes, covering several development-issue areas critical to Jordan (e.g., water, new jobs required, education, health, etc.), followed by 30 minutes of questions and answers. The U.S. Ambassador then spoke, stating that the presentation showed exactly how fundamental population growth, and the FP program, is to everyone's work.

The USAID Water and Environment section also asked POLICY to help link population variables to water and environmental issues in order to improve advocacy efforts. Since water and environment are such critical issues in Jordan, linking population variables to them will, in turn, also strengthen POLICY FP advocacy efforts. The USAID Mission also discussed the presentation with the prime minister, who is becoming very interested in the FP issue. He is now keen to see the presentation, and a hard copy of the presentation was sent to him.

PHILIPPINES

POLICY Project assistance in the Philippines aims to strengthen the capability of national government agencies and community-based people's organizations and institutions, both national and local, in the design, implementation, and evaluation of population policies and plans for resource mobilization and use for sustained political and financial support to population and FP/RH. POLICY/Philippines assistance is evident in multisectoral efforts such as the Contraceptive Interdependence Initiative, also known as the Sustainable Family Planning Initiative, and the development of the operational plan for the country's FP thrust. POLICY has also emphasized local advocacy in pursuit of increased local domestic resources to improve access to sustainable and quality FP/RH services. On the whole, POLICY assistance focuses on gradually achieving domestic FP/RH program financial support and improving the quality of FP/RH services that promote the health of Filipino families.

Summary of Major Activities
July 1—September 30, 2001

Local Advocacy Project (LAP) II. LAP, which seeks local legislations to allocate funds for population and FP/RH, was formally launched in four new areas. The mayors of each area signed memorandums of understanding (MOUs) signifying collaboration to implement the LAP and passed municipal resolutions creating the multisectoral Municipal Advocacy Team (MAT).

National advocacy activities for increased resources for FP/RH. POLICY continued to support national advocacy efforts in support of legislation to ensure the sustained allocation of resources for population and FP/RH promotion and provision. POLICY provided TA to RHAN. To set the directions for RHAN advocacy campaigns, POLICY is currently supporting the ongoing political mapping study on the legislature.

Operational plan for the Philippine FP Thrust, 2004. POLICY met with the new head of the Center for Family Health and Environment (CFHE) of the Department of Health (DOH), Dr. Loreto Roquero, and DOH Secretary, Manuel Dayrit, to discuss POLICY support in the development and implementation of an operational plan for DOH's Philippine FP Thrust, 2004. The secretary expressed great interest in fleshing out a concept introduced by POLICY consultants Dr. Bienvenido Alano and Dr. Mario Taguiwalo on reproductive health services.

Convergence workshops to implement the Health Sector Reform Agenda in selected areas. POLICY collaborated with MSH-HSRTAP in conducting a Convergence Workshop in Nueva Vizcaya. The workshop was attended by local-level decision makers and national officials, such as the newly appointed PhilHealth President, Dr. Pedro Duque, and the DOH Secretary Dayrit.

TA for increased private sector participation in promoting and providing FP/RH services. On July 30, the board of the Population Commission (POPCOM) formally endorsed anew the Contraceptive Interdependence Initiative (CII), the primary vehicle to effect reforms for increased private sector participation and private–public collaboration in FP/RH promotion and provision. The implementation of CII was put on hold following the change in administration. POLICY had consultative meetings with POPCOM to identify the type of TA that will be provided to the CII technical working group.

Mobilization of NGOs. POLICY met with the 12 major national NGOs to discuss further collaboration to campaign for broad-based support for national efforts to promote FP/RH. POLICY awaits the result of the September 27 meeting of these NGOs on their plans (and desire) to form a national network.

FP/RH/MCH/HIV/AIDS/STD Policy Issues Identification Workshop. POLICY sponsored and designed a one-half day workshop among cooperating agencies (CAs) as a follow-on activity to identify FP/RH/HIV/AIDS/STD policy issues. The workshop was a useful exercise that enabled CAs to identify policy gaps surrounding FP/RH/MCH/HIV/AIDS/STD in the present political environment.

October 1—December 31, 2001

Technical assistance (TA) to implement “Sustainable Family Planning.” The revitalized CII-Technical Working Group (TWG), commissioned by the Population Commission (POPCOM) board to implement CII activities for 2001–2002, convened on October 18 to finalize tasking. The multisectoral TWG, composed of national government agencies (NGAs), NGOs, private commercial sector representatives, and cooperating agencies (CAs), including the POLICY Project, approved the conduct of research studies, advocacy campaigns, and policy formulation activities that would promote private-public sector partnerships in mobilizing resources, providing FP/RH information and quality services at the national and local levels.

Advocacy support for the National Reproductive Health Bill or its substitute. POLICY continued to support the Reproductive Health Advocacy Network (RHAN) in its advocacy efforts for passage of a national bill that will ensure sustained allocation of resources for population/FP/RH. With assistance from POLICY, a lawyer’s group was formed to review the pertinent constitutional provisions, international conventions, and other agreements and existing laws as they relate to RH and reproductive rights. To date, preliminary results of the study were presented at a forum attended by about 120 participants from the media, NGOs, NGAs, and other organizations involved in population/FP/RH advocacy. The forum was held on November 27 with the Johns Hopkins University (JHU).

TA to advocate for inclusion of additional FP benefits in the PhilHealth Plus. POLICY assistance to this advocacy campaign began with the conduct of an actuarial study on the additional premium needed to include new FP benefits, such as reimbursements for IUDs, injectables, and pills. Solutions Incorporated is carrying out the study.

Advocacy for HIV/AIDS support. POLICY continued to collaborate with the Philippine National AIDS Council (PNAC) in planning, designing, and implementing its “expanded response” initiative. On October 28–29, POLICY attended the PNAC monthly meeting and monitoring of project sites in Cebu. On November 29, POLICY attended a forum supported by PNAC as part of its initial efforts to reach out to the different stakeholders and actors in HIV/AIDS advocacy.

Mobilization of civil society groups to broaden and strengthen support for FP/RH. To start up FP/RH advocacy at the provincial level, POLICY met with civil society groups in Negros Oriental and Pangasinan during a scanning activity/visit in October and November. Preliminary discussions with the civil society groups yielded possibilities for collaboration in the provincial-level campaign for broad-based support for FP/RH. At the national level, POLICY met with NGO/media advocates to learn from their experiences as part of the project’s efforts to draw up a concrete plan for media advocacy on FP/RH. POLICY also updated its inventory of NGOs and civil society groups involved in FP/RH advocacy, IEC, and service delivery. Building on its previous directory/listing of NGOs, POLICY completed the first draft of its island-based directory (Luzon, Visayas Mindanao) of NGOs and civil society groups.

Advocacy for increased resources for FP/RH at the local government unit (LGU) level. POLICY continued to implement the local advocacy project (LAP) with POPCOM, the Philippine Legislators’ Committee on Population and Development (PLCPD), and the Philippine NGO Council (PNGOC). To date, LAP advocacy plans developed by the municipal advocacy teams in the seven project sites are now being implemented. NGO coalitions for FP/RH were also organized in the target sites in October. In

preparation for scaling up of the LAP through the Provincial Advocacy Network (PAN), POLICY initiated scanning activities aimed at identifying project key contact individuals, FP/RH program stakeholders, existing organizational structures, political dynamics, and existing FP/RH issues and concerns. To date, scanning and interview activities were completed for the provinces of Pangasinan, Capiz, Nueva Vizcaya, and Bulacan. POLICY also joined Management Sciences for Health (MSH)-HSRTAP during the Local Health Advocates Meeting for the provinces of Negros Oriental and Pagasinan.

TA to develop in-house capability for policy analysis and planning. POLICY conducted SPECTRUM training among 15 faculty and staff of the University of the Philippines Population Institute (UPPI), October 22–29. UPPI has expressed plans for including SPECTRUM as part of the courses in its Demography Graduate Program.

EUROPE AND EURASIA (E&E)

ROMANIA

The goal of POLICY assistance in Romania is to ensure that policies and plans promote and sustain access to high-quality FP/RH services by removing priority policy barriers and critical financing concerns. Building on past project efforts that led to social health insurance coverage of FP/RH services and state budget resources for contraceptives, POLICY is now implementing a core package of assistance pertaining to contraceptive security. The package aims to help the government identify and eliminate operational barriers affecting the implementation of three broad national contraceptive security policies approved by the Romania government in August 2000 and reaffirmed by the new government in 2001. These contraceptive security policies include: provision of free contraceptives to disadvantaged sectors of the population, establishment of local revolving funds to purchase and sell contraceptives to nontargeted sectors, and distribution of government-funded contraceptives by family doctors, especially in rural areas without FP clinics.

**Summary of Major Activities
July 1—September 30, 2001**

The core-package approach involves (1) research to identify barriers to the implementation of Romania's contraceptive security policies; (2) information-based policy dialogue to develop recommendations for policy action; (3) TA to the Ministry of Health and Family (MOHF) to draft/revise contraceptive security operational policies for pilot testing in three *judets* and to finalize policies for national implementation; and (4) network formation and advocacy to promote access to affordable commodities and client-responsive operational policies on contraceptive security.

POLICY activities during the quarter focused on finalizing three policy studies on key dimensions of Romania's contraceptive security policies, and assisting local NGOs in three *judets* to form advocacy networks around the issue of contraceptive security.

- The first study assesses barriers to the implementation of the three new policies using national/local records and interviews of national and local health managers, *judet* FP/RH providers and clients. A draft was circulated among POLICY staff and USAID CTOs in August for comments and revisions.
- The contraceptive market segmentation analysis, using the 1999 Romania Reproductive Health Survey, categorizes the female population into five contraceptive market segments based on socioeconomic characteristics and contraceptive behavior. The draft was circulated in August.
- Eugenia Erhan, Romanian health finance expert, completed the analysis of government funding for contraceptives in 2000 and 2001, which was completed in mid-September. The study assembles *judet* data to determine maternal and child health (MCH)/FP resources actually used for contraceptive procurement.

Imelda Feranil, Country Manager, and Suneeta Sharma, traveled to Romania to meet with local counterparts on the progress of the three policy studies and provide TA on policy issues related to the core package. Sharma also trained Mona Marin, counterpart for the market segmentation analysis, on the methodology. Preliminary market segmentation results were discussed with Dr. Mihai Horga, Director of the MOHF General Directorate for Social and Family Protection. Horga congratulated POLICY for its efforts in helping the MOHF identify the magnitude and structure of populations targeted for public sector subsidies for contraceptives. The POLICY team, led by Alin Stanescu, LTA, also assisted Horga in using data from the POLICY-funded research to prepare the rationale/cost implications of including

contraceptives in the list of insurance-compensated drugs. These were incorporated into a memorandum from the Minister of Health to the Committee on Transparency for approval prior to endorsement to the National Health Insurance House. Horga and POLICY also assessed potential mechanisms for public sector-funded contraceptives.

All three studies will be used to identify operational constraints and develop recommendations to reduce barriers to contraceptive security. POLICY and the MOHF will co-organize a roundtable on Romania's contraceptive security policies in Sinaia, October 15–16, to present research results and develop recommendations for policy action.

POLICY also continued efforts to form three local advocacy networks around the issue of contraceptive security. POLICY awarded three small-grant proposals for local groups to meet and form networks. Three local advocacy coordinators were recruited to assist in these local efforts. Daniela Draghici, Advocacy Coordinator, has been traveling to the three judets to facilitate all network-related activities. Working committees used the small grants to hold meetings to develop mission statements, communication trees, and organizational structures. The judet groups chose their networks' names and elected administrative/coordinating councils for internal management decisions, while agreeing that major decisions will require convening the entire network. As a result of these efforts, three formal advocacy networks were formed in Cluj, Constanta, and Iasi. For next steps, following the contraceptive security roundtable, POLICY will facilitate an advocacy workshop in the last quarter of 2001, which will be attended by network representatives. Together with the Coalition for Reproductive Health in Romania (Coalition) based in Bucharest, POLICY will assist these local networks in advocating to local decision makers, the MOHF, and other key decision makers for approval and implementation of client-contraceptive security policies based on the roundtable recommendations and feedback from pilot testing.

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The package approach involves the following items: research on barriers to the implementation of contraceptive security policies; data-based policy dialogue to develop recommendations for policy action; TA to the Ministry of Health and Family (MOHF) to revise contraceptive security policies for pilot testing in selected *judets* (districts) and to finalize policies for national implementation; and advocacy for access to affordable commodities and for client-responsive operational policies on contraceptive security.

The highlight of the quarter was the Roundtable on Contraceptive Security Policies that was held on October 15–16, 2001, in Sinaia, Romania, jointly organized by the MOHF and POLICY. The forum brought together the following stakeholders: MOHF officials; members of the Committee of Ob-Gyns of the National College of Physicians; FP coordinators from district public health authorities; representatives of FP clinics and family doctors; NGO representatives of the newly formed RH advocacy networks in three USAID priority judets; members of the national RH Coalition (one of whom is a parliamentarian); commercial sector representatives; and USAID and CAs including POLICY, JSI, and PSI. The roundtable aimed at using the findings of policy studies to identify operational constraints and to prepare recommendations to reduce barriers to contraceptive security. The three policy studies focused on government funding for contraceptives, contraceptive market segmentation, and barriers to the implementation of the three new policies. These studies highlighted inadequate government resources for contraceptives, public financing of commodities for those who could afford to pay, and inefficient targeting (very few poor people received free commodities compared to students partly because of difficulties in obtaining certification of poverty status). Roundtable participants recommended the following policy actions:

- inclusion of contraceptives in the health insurance drug list;

- provision of three-month supplies to clients;
- more efficient government procurement policies through international bidding,
- better method mix, and focus on commodities for free distribution;
- better access of the poor to free contraceptives by permitting self-declarations of poverty; and
- distribution of free contraceptives by family doctors.

At the end of the roundtable, Dr. Mihai Horga (MOHF Director for Family and Social Assistance) stated that the recommendations will be acted on not only by MOHF policymakers but also by other decision makers in the National Health Insurance House. The primary challenge is increasing the state budget, including that for health. The MOHF will also revise the Technical Norms for Program 12 to provide improved guidelines for financing and distribution of public-funded contraceptives. Horga also thanked POLICY for its technical assistance, particularly as Romania takes important steps toward contraceptive security, and invited POLICY to continue providing its expertise in the country.

Immediately after the roundtable, POLICY met with Horga in Bucharest and Jim Foreit of PopCouncil/Frontiers in Washington, D.C., for joint TA to help the MOHF pilot test a new approach to target free contraceptives to the poor by means of a self-declaration of poverty. Discussions are underway on the methodology, and Horga will be meeting with officials of the Ministry of Finance on the proposed changes to the approach.

Throughout the quarter, POLICY provided TA to the three local advocacy networks in Constanta, Iasi, and Cluj. The three networks finalized their mission statements and collaboration protocols. Core IR1 funds also supported the attendance of Camelia Jilavu-Hison (Advocacy Coordinator of the Iasi RH network) at the advocacy advisor training session held in Washington, D.C., November 12–20, 2001. The roundtable report is being disseminated to judet RH networks to prepare for their advocacy to local decision makers and to the MOHF for revision, approval, and implementation of the recommended client-contraceptive security policies recommended. Preparations are underway for advocacy workshops to be held early in February 2002. The networks will also be tapped for advocacy based on the results of the pilot tests.

RUSSIA

POLICY's primary goal in Russia is to strengthen the capacity of the Advocacy Network for Reproductive Health (Network) to advocate for policy change that promotes access to quality family planning (FP), maternal health, and STD/AIDS prevention services. POLICY will assist the Network to reevaluate its informational/data needs, assess its potential for sustainability, and develop a strategy to address long-term sustainability. To keep in step with USAID/Moscow's overall strategy and the reality of where RH policy decisions are being made, POLICY/Russia is turning its attention to regional initiatives. With previous USAID restrictions having been lifted recently, POLICY will explore opportunities to work directly with regional government officials. One definitive plan to segue into a regional focus will begin in early 2002 with a training-of-trainers (TOT) workshop, which will be followed by TA and minigrants to support the creation and advocacy efforts of two oblast-level Network branches.

**Summary of Major Activities
July 1—September 30, 2001**

During this reporting period, the strategy of providing minimal foreign TA and postponing any major new work was continued until the FY2001 field support obligations were received in mid-August. The primary POLICY activity during this period was facilitating a two-day Network meeting in July. In addition to providing technical support for the meeting and preparing for upcoming workplan activities, POLICY offered guidance to the planners of the Network's roundtable with policymakers scheduled for early October.

The Network addressed organizational and programmatic issues at its July meeting. It made significant progress in creating a charter, in making decisions to rotate leadership in its Coordinating Committee, and in recognizing a need for fundraising outside the scope of POLICY's support. In addition, the Network discussed revisions to the draft Network brochure and initiated plans to add Network information to one of the member's organizational websites (the Newly Independent States (NIS) Women's Consortium). Several programmatic decisions were made about the upcoming roundtable, although the Network recognized that significant additional planning and effort is necessary. Participants provided final input to the second newsletter on the topic of adolescent health, which is now in final editing stages. POLICY's consultant demographer, Victoria Sakevich, provided support to the newsletter's authors to monitor the quality and ensure the relevance of the data cited in their articles.

Sakevich and colleagues at the Center for Demography and the Institute for Forecasting have begun to explore the potential for applying the SPECTRUM System of Models at regional or national levels, within the limitations that result from the relative lack of data available in Russia. Clarifying the options for FamPlan or AIM applications at regional levels is particularly important, given the recently lifted restrictions on policy dialogue with regional officials and plans to support regional Network branches.

Positive reports from Network members about individual and organizational advocacy efforts continue. For instance, Svetlana Krivileva from Izhevsk noted progress with the adoption of a regional safe motherhood program, which includes provision for free contraceptives for those most in need. Currently, all relevant ministries have approved of the program, and it will be submitted in November to the Udmurt Region Legislative Council and the President of the Udmurtia Republic. If approved, it will be included in the regional budget automatically and receive funding for 2002.

October 1—December 31, 2001

On October 12, the Network conducted a roundtable with national policymakers entitled, “Reproductive Health Care Is an Investment in the Future.” The purpose of the roundtable was to raise awareness among policymakers about RH in Russia and to initiate a dialogue with the Network. Although several representatives from important ministries did not attend, the event was well attended by other federal policymakers, including executive representatives of the supreme and lower chambers of the federal Duma, representatives of Moscow government, RH experts, and members of other international organizations. All participants expressed interest in collaborating with the Network, including willingness to sponsor RH policy initiatives within the federal Duma. The Network continues to follow-up with the contacts made during this roundtable and with other federal policymakers.

From October 18–20, Anne Jorgensen and Olena Truhan (POLICY/Ukraine) facilitated a workshop for the Network to evaluate its advocacy campaign, to conduct a baseline sustainability self-assessment, and to begin development of a sustainability plan. The evaluation proved to be a valuable learning experience for the Network. Insufficient numbers of Network members were present for the sustainability assessment to be valid; once the absent members complete their individual assessments, the coordinating committee will identify priorities to address the Network’s sustainability. At this meeting, the Network also adopted its charter and elected a new head of the Dialogue with Policymakers Committee.

Based on its evaluation that data collection was the weakest aspect of its advocacy activities, the Network requested POLICY support for a meeting to reassess its information needs and to design a routine system for collecting information to better support its advocacy efforts. With POLICY technical support, several coordinating committee members played a significant role in designing and facilitating this meeting, which occurred on December 13–14; this marks a significant change from previous Network meetings. Several invited guests and Network members gave reports on recent, positive developments in the RH policy environment. As a result of these presentations and of the support at the roundtable and at other meetings that Network members have had with high-ranking members of health-related Duma committees, the Network decided to reconsider its advocacy objective. Although it will collect additional information to confirm this decision, the Network plans to advocate for including RH and reproductive rights definitions into drafts of at least one of five health-related laws currently under consideration by the federal Duma.

In December, the Network finalized its newsletter on adolescent reproductive health. The Network member who edited this edition has met with the printer on the layout; the published version will be distributed in January 2002 after the Russian holidays.

USAID/Moscow asked Network member Irina Taenkova, to present the Network’s advocacy successes at a December 17 meeting of a newly formed HIV/AIDS NGO network that receives technical support from Family Health International to implement behavior change. Taenkova’s presentation on policy advocacy and the Network’s experience was well received by the participants; she received many requests for follow-up and collaboration with the Network.

TURKEY

In Turkey, POLICY's assistance is designed to help the government achieve public sector contraceptive self-reliance in reaction to foreign-donor phaseout. Additionally, POLICY has helped create and now supports the capacity building of KIDOG, the leading NGO Network for Women, whose mission is to advocate for women's health, education, and legal rights. POLICY's partnership with the Turkish Ministry of Health (MOH), other key ministries, and KIDOG combines policy analysis, dialogue, and advocacy to secure sustainable funding for contraceptive commodities for the most needy people. Funds for contraceptives are generated through the government's budget and a cost-recovery strategy based on voluntary donations from family planning clients.

Summary of Major Activities July 1—September 30, 2001

POLICY finalized the full and summary reports, "Toward Contraceptive Self-Reliance in Turkey: Results from a Pilot Test of a Cost-Sharing Mechanism." These reports feature salient findings and recommendations from the pilot study that was conducted by the MOH, POLICY, and the Health and Social Aid Foundation (HSAF). The reports were used to facilitate policy dialogue, which ultimately led to the government's new policy adopting the long debated targeting strategy and cost-recovery initiative. Also, the reports were distributed to key Turkish partners, USAID, cooperating agencies (CAs), and other donors with a view to sharing experiences that might benefit other organizations involved in donor phaseout.

Pursuant to the government's adoption of the new policy, POLICY and its partners finalized and began to implement the rollout of the new policy (cost-sharing mechanism) in selected provinces: Izmir, Manisa, Samsun, Trabzon, and Istanbul. In addition, full expansion was achieved in the pilot test provinces of Adana and Icel. In each province, POLICY conducted planning meetings with the provincial health directorate, maternal and child health (MCH)/FP branch staff, who assumed leadership for organizing the orientation sessions. During this period, the POLICY team conducted training-of-trainers (TOT) workshops for MOH personnel, who were designated to conduct orientation sessions throughout their respective provinces. The TOT approach not only fosters local ownership, but also enables a rapid and cost-effective way to operationalize the new policy. POLICY staff supported initial sessions and participated in a few orientation sessions where key provincial providers (head hospital doctors, district health directors) were present. At the TOT sessions, POLICY and MOH representatives

- Explained the rationale for the donation policy and how it was being implemented;
- Clarified the roles and responsibilities among MOH/FP service providers;
- Described the roles and responsibilities of the HSAF staff at provincial and facility level;
- Disseminated the language of the donation policy and guiding principles; and
- Detailed how the flow of data and money and other administrative procedures were to be set up.

The MOH MCH/FP General Director and Deputy Director participated in several meetings, especially for public hospital head doctors and district health directors, to endorse the rationale of the policy and to ensure proper implementation. Of the selected provinces, Istanbul and Izmir required special attention because of population size and the number of facilities to be reached. POLICY intensified its support in these provinces by participating in most of the orientation sessions to backstop the provincial training teams.

Number of Trainers and Orientation Participants by Province

| | Adana | Icel | Manisa | Izmir | Trabzon | Samsun | Istanbul |
|----------------|-------|------|--------|-------|---------|--------|----------|
| Trainers | 5 | 5 | 7 | 10 | 5 | 8 | 13 |
| Facility Staff | 139 | 73 | 323 | 865 | 229 | 267 | 905 |

POLICY provided assistance to the MOH by drafting a memorandum of understanding (MOU) between the MOH and HSAF. The MOU defines the principles of cooperation between the two organizations within the framework of the Self-Reliance for Contraceptive Commodity Program. This MOU was perhaps the last missing pivotal link defining the cost-recovery initiative. The memorandum specifies in detail the principles of cooperation for the use of donation revenues collected from clients of MOH-facilities for ongoing procurement of contraceptive commodities via the HSAF and that the distribution of commodities purchased in this manner will operate through the MOH's logistics system.

The Undersecretary of the MOH, who also serves as the head of the HSAF, met with the HSAF Executive Board and MOH General Director for MCH/FP in July to discuss the details of the MOU. The meeting's outcome was positive: Pending final review by the legal department of the MOH, the MOU will be executed. POLICY is paying close attention to this and will make every effort to facilitate the finalization of formal procedures.

During this quarter, KIDOG completed the translation of the POLICY Advocacy Training Manual into Turkish. This translation was used at a TOT workshop on advocacy conducted by POLICY staff Susan Richiedei, Zerrin Baser, and Sema Guler in September in Istanbul. The workshop and the translation of the Advocacy Manual helped build KIDOG members' confidence levels and technical capacity as trainers. POLICY will provide a small grant for KIDOG to conduct advocacy training in Antalya and Canakkale provinces for local NGOs that support women's empowerment. During the training sessions, KIDOG intends to share its experiences and shed light on how NGOs can translate international declarations, of which Turkey is a signatory, into action at the local level. A related workshop, organized by POLICY but funded by the CMS Project, covered basic training skills and adult learning theories. During this time, POLICY staff revised the network sustainability tool to reflect KIDOG's 1999 sustainability plan. Local POLICY staff will conduct a follow-up assessment with KIDOG members to evaluate network progress on implementing the plan.

POLICY is working with KIDOG to formulate a sound partnership plan with Planned Parenthood Association of Utah (PPAU) through Planned Parenthood Global Partners in Local Communities Project. After visiting KIDOG, PPAU sent a letter to the network proposing potential partnerships. KIDOG now is working to identify ways in which both parties will receive benefits by sharing their experiences.

USAID/Ankara is organizing a program closeout event that will take place in January 2002. (POLICY's work in Turkey extends to December 2002.) USAID requested that each CA in Turkey write various sections for input and consolidation into the "Turkey Final Report." During this quarter, POLICY provided writeups on our technical work, including (1) contraceptive self-reliance, (2) national strategies, and (3) NGO advocacy in accordance with the outline for the final paper. The main headings of the outline include the "why," "how," "results," and "lessons learned." POLICY was allotted a total of 12 pages for its part. The Turkey team is proud of its written contribution but was dissatisfied with the consolidated first draft report. POLICY is glad to have the opportunity to work on improving the first draft and has provided USAID advisors in Turkey with extensive comments on several sections of the report: introduction, country context, contraceptive self-reliance, and NGO advocacy. An editing team will prepare a second draft, and CAs will have another chance for review. POLICY awaits this opportunity.

October 1—December 31, 2001

POLICY continued to work with selected provinces to implement the cost-sharing mechanism. To date, seven provinces have started to implement the targeting strategy as shown in Table 1. In Adana and Icel, implementation was expanded from the pilot study period to cover all districts only in June–July 2001. Implementation activities are also beginning in an eighth province, Gaziantep, but only planning and TOT sessions have been completed thus far.

Table 1. Provinces Currently Implementing the Targeting Plan and the Period of Implementation, 2001

| Provinces | Months | | | | | | | | | | | |
|-----------|--------|---|---|---|---|---|---|---|---|---|---|---|
| | J | F | M | A | M | J | J | A | S | O | N | D |
| Adana | | | | | | | | | | | | |
| Icel | | | | | | | | | | | | |
| Izmir | | | | | | | | | | | | |
| Manisa | | | | | | | | | | | | |
| Trabzon | | | | | | | | | | | | |
| Samsun | | | | | | | | | | | | |
| Istanbul | | | | | | | | | | | | |

Of the seven provinces, the two pilot provinces (Adana and Icel), despite minor improvements, seem to have preserved the payment rates and patterns recorded in the pilot study. Most of the others have so far recorded higher rates. A quick analysis of the rates by months shows that in all provinces, the payment rates tended to increase. In the first 11 months of 2001, a net total of TL 71.5 billion (about \$51K) in donation revenues accumulated for contraceptive procurement. This amount will continue to grow more rapidly as more health care facilities start to return their incomplete receipt books and donation revenues in the coming months.

POLICY worked on developing a monitoring and evaluation system to achieve the following: (1) to ensure that all facilities in each province that has begun implementation actually do implement the plan; (2) to ensure that facilities implement the plan in the way prescribed to them in the orientation session as well as in the Implementation Guidelines; (3) to monitor the implementation and progress of the targeting plan in the facilities for each province; and (4) to evaluate some specific outcomes and to undertake reporting activities. Provincial health directorates have been provided a simple checklist tool to use in their facility visits, and provinces have been provided a computer model for monitoring and evaluation. This Excel spreadsheet model is highly practical and helpful for storing the data from the reporting forms and for monitoring and evaluating some critical aspects of the implementation and its outcome. Once data are entered, the provincial managers can automatically have, for example, the donation rates by facilities, districts, and type of facilities. A few graphics are automatically generated to provide an overview of progress. This tool was first tested in the pilot provinces, and the final version was installed with the consent of the General Directorate of MCH/FP.

Some progress has been made to solidify the partnership between the MOH and the Health and Social Aid Foundation (HSAF). The HSAF is the administrative mechanism in place for collecting donations made by clients at health service sites for contraceptive supplies. POLICY facilitated dialogue among the Inspectors of the Prime Ministry General Directorate of Foundations, the MOH, and the HSAF. A meeting was held to vet the terms of the partnership and the details related to donation collection, routing of funds from the service site to the central HSAF headquarters, and procurement of contraceptive commodities. Agreement was reached as follows:

- The HSAF Board of Directors supports the partnership and the concept of cost sharing for public sector contraceptive commodities.

- There is a need to sign a memorandum of understanding for the partnership, but it must be carefully worded and reviewed again by concerned parties.
- There is a need for the undersecretary (as head of both organizations), to send a supportive message to the field.

During this quarter, POLICY provided a small grant to KIDOG to conduct advocacy training in Antalya and Canakkale provinces for local NGOs that support women's empowerment. KIDOG conducted the training sessions in Antalya to share its experiences and to shed light on how NGOs can translate international declarations the government of Turkey signs into action at the local level. KIDOG decided to postpone the Canakkale training until after the new year.

POLICY is working with KIDOG to formulate a sound partnership plan with the Planned Parenthood Association of Utah (PPAU) through the Planned Parenthood Global Partners in Local Communities Project. KIDOG sent a letter to PPAU and IPPF in which it expressed its desire to continue the partnership. POLICY is also conducting advocacy network sustainability follow-up for KIDOG.

USAID/Ankara is organizing a program closeout on February 15, 2002. (POLICY's work in Turkey continues until December 2002.) During this quarter, POLICY provided feedback on the "Turkey Final Report" and compiled and provided all POLICY/Turkey documents mostly in electronic format.

UKRAINE

POLICY's goal in Ukraine is to strengthen the ability of the Ministry of Health (MOH) and local partners to implement the National Reproductive Health Program 2001–2005 (NRHP) and policies that improve reproductive health (RH) services. This is accomplished by providing technical and financial assistance to two groups:

- The Policy Development Group (PDG), as it assists staff in two sites to develop city/oblast reproductive health programs, identifies operational policy (OP) barriers that impede successful program implementation, and sets up a monitoring and evaluation (M&E) system for the NRHP; and
- The Ukrainian Reproductive Health Network (URHN) to advocate for adoption and funding of the NRHP at regional levels

Summary of Major Activities

July 1—September 30, 2001

Field support activities. POLICY continued its support to the PDG to strengthen its recommendations to remove OP barriers, and the URHN to further develop and initiate its advocacy campaign.

- On July 6–7, POLICY held a two-day workshop for the PDG to further refine recommendations to remove OP barriers for which root causes are known. Twenty-two participants, representing several oblasts and cities, reviewed and discussed the OP barriers, draft recommendations to overcome them, and the goals and objectives of planned studies of unknown OP barriers. Participants also discussed (1) possible areas of collaboration between NGOs and the government in order to overcome OP barriers; (2) a draft system of reproductive health service delivery; (3) potential activities to introduce a system of quality assurance for reproductive health; (4) the draft Ministry of Health (MOH) Order, “On improvement of outpatient obstetric-gynecological care,” and an appendix to it elaborating the draft standards of care; and (5) draft documents regulating the work of medical staff and health facilities in the area of reproductive health. After the meeting, the draft OP recommendations were sent to POLICY and several oblast specialists for their review and comments.

On September 22, POLICY held a working meeting for the PDG's OP task force to discuss the comments from POLICY and oblast specialists that reviewed the draft OP recommendations; determine which recommendations will be included in the MOH Order to be issued by the end of this year; and develop a draft action plan to remove OP barriers, including a phased-in sequence of next steps. As a result of this meeting, the PDG set priorities for the removal of OP barriers. Participants recognized that barrier removal will be a fairly extensive and lengthy process, so they identified which barriers will be addressed in 2001, 2002, 2003, and beyond.

- POLICY provided further technical and organizational assistance to the URHN by supporting the network's Coordinating Committee (CC) meetings from July–September 2001. The meetings allowed CC members to update the URHN's proposal for a small grant to fund the implementation of Objective #1 of its advocacy campaign: Local administrations develop reproductive health programs by September 30, 2001. The CC submitted a proposal to Counterpart Alliance Partnership (CAP), and on September 28, CAP and the U.S. Chamber of Commerce agreed to provide a small grant to the URHN. Another initiative to implement Objective #1 of the advocacy campaign entailed completing a proposal to conduct training for all URHN members on conducting a public hearing and organizing a public hearing in Kyiv. POLICY approved a proposal from the Civic Center of Anti-Crisis Studies to receive a (core-funded) minigrant to conduct a public hearing training for the URHN on October

12–13, 2001. The public hearing is scheduled for December 2001. Also, with POLICY support, a URHN member published the network's brochure in English for distribution and to seek partnerships.

Core package activities. In July, USAID/Kyiv approved POLICY's proposal to conduct core-funded activities in Ukraine. In September, POLICY formally launched the two activities in Ukraine: a priority-setting initiative in the city of Kamianets-Podilsky aimed at ensuring that the local adaptation of the ambitious NRHP considers local program and funding priorities; and a study of the inefficiency of resource use in providing RH care will be conducted in Kamianets-Podilsky and possibly a second city. The PDG, with POLICY assistance, will use the results of the study to write evidence-based OP recommendations to the Cabinet of Ministers.

- POLICY signed a subcontract with a Ukrainian company, Medical Management and Audit (MEDMA), to conduct the inefficiency studies. In September, POLICY/Washington staff traveled to Dnipropetrovsk, Ukraine, to work with MEDMA collection instruments that will be used to conduct the inefficiency studies. MEDMA is currently pretesting and making final changes to these instruments and plans to conduct the study in October.
- POLICY staff met with Alexander Mazurchak, Mayor of Kamianets-Podilsky, to discuss the terms of conducting the inefficiency studies and the priority-setting initiative there. POLICY's proposal was greeted with great interest and enthusiasm, as evidenced by the mayor's request that both parties sign a Memorandum of Understanding (MOU) outlining the plans (see attached English version). The mayor also held a press conference to announce the city's collaboration with POLICY. POLICY began to prepare for the first priority-setting workshop, tentatively scheduled for November 2001.

October 1—December 31, 2001

Field support activities. POLICY continued its support to the PDG to strengthen recommendations to remove OP barriers and to the URHN to develop and initiate its advocacy campaign. During each month of this quarter, POLICY held working group meetings for the entire PDG as follows:

- In October, POLICY held separate working group meetings for the PDG's and OP task forces to review and discuss comments from POLICY and oblast specialists and to revise the updated draft MOH order on improving the outpatient obstetric-gynecologic service. In addition, the PDG drafted an action plan regarding all steps to resolve each OP barrier.
- On November 16 and 17, POLICY held a workshop for the PDG to further develop the draft MOH order and the action plan for resolving OP barriers. The first session included a broad group of 35 policymakers, representing several oblasts and cities to discuss Howard Goldberg's presentation of the 1999 Ukraine Reproductive Health Survey, which was conducted by the CDC and Kyiv International Sociology Institute (KISS). The draft MOH order that resulted from this workshop was translated into English and sent to POLICY/Washington for review.
- POLICY and JHPIEGO reviewed the draft MOH order on improving the outpatient obstetric-gynecologic service, which includes the first steps in drafting standards of RH care, and provided joint comments to the MOH and PDG. On December 14 and 15, POLICY held a working meeting for the PDG to finalize the draft MOH order considering comments received from the MOH, POLICY, and JHPIEGO. The draft will now be distributed to the oblasts for their review and then will be issued as an MOH order. Participants also agreed on an activity plan for addressing the remaining barriers.

POLICY provided further technical and organizational assistance to the URHN by supporting two network meetings from October–December 2001. During the last quarter, POLICY approved a minigrant proposal from the Civic Center for Anti-Crisis Studies to train URHN members on conducting public hearings. URHN member Natalia Lakiza-Sachuk and consultants from the Research Triangle Institute offered this training session on October 12–13 in Kyiv. As part of implementing the URHN’s advocacy objective #1, public hearings are planned in four oblasts and Kyiv from January–March 2002.

At the December URHN workshop, Anne Jorgensen and Olena Truhan provided sustainability self-assessment training, and the URHN prepared its own baseline diagnosis using POLICY’s sustainability checklist. Based on that diagnosis, the members identified areas that require the Network’s attention and began developing implementation plans. URHN members also evaluated press conferences conducted in six oblasts according to their advocacy implementation plan. Since all activities for objective #1 of the advocacy campaign will be completed by May 2002, members began to develop activities to implement objectives #2 and #3.

An important element of the December workshop was that Dr. Tamara Irkina, a representative of the MOH and the PDG, requested the opportunity to present the MOH view of policy problems in RH and the role that NGOs can play in policymaking. Her presentation was useful for the members as they began to develop implementation plans for objectives #2 and #3. Over the past several months, URHN members participated in PDG meetings in rotation. During this workshop, the URHN selected two members to represent the Network at all PDG meetings, and, per Dr. Irkina’s request, two URHN members were chosen to serve on the national board to implement the NRHP.

POLICY continued support to the People Living with AIDS (PLWA) Network. In October, POLICY collaborated with the Counterpart Alliance Project (CAP) and Doctors Without Borders (MSF) to conduct a second advocacy workshop for the PLWA Network. At the workshop, POLICY trainers, Lena Truhan and Olena Suslova, helped the Network develop its first advocacy campaign. The goal is to ensure access to HIV/AIDS treatment in Ukraine.

Core package activities. POLICY continued to support a priority-setting initiative in the city of Kamianets-Podilsky and a study of the efficiency of resource use in providing RH care to be conducted in the cities of Kamianets-Podilsky and Svitlovodsk. After analyzing and pretesting the instruments for the efficiency studies, POLICY and MEDMA (a local subcontractor) decided to make refinements in them. In November, staff from POLICY/Washington traveled to Kyiv to work with MEDMA to further develop the instruments. POLICY staff also met with the mayor in Svitlovodsk to secure his commitment to conduct the efficiency studies and to discuss the system of RH care. In December, the instruments were pretested and finalized, MEDMA received approval to conduct the study in both sites, and research commenced in Kamianets-Podilsky.

On November 14–15, POLICY conducted the first in a series of three seminars with Kamianets-Podilsky policymakers to set the city’s RH priorities. The group achieved workshop objectives which included:

- Providing an introduction to setting priorities and discussing how this process can be used;
- Choosing six main RH problems based on the magnitude of each; and
- Identifying RH interventions currently provided as well as those the group would like to provide.

After the workshop, POLICY and MEDMA briefed the mayor of Kamianets-Podilsky, Alexander Mazurchak, on the next steps. The mayor was highly supportive of POLICY’s work and is committed to the goal of preparing a city RH plan, including a line item in the budget. POLICY staff began to plan the timeline of activities to follow the workshop, including developing the instruments for a study to determine the costs of RH interventions (“costing study”).

LATIN AMERICA/CARIBBEAN (LAC)

GUATEMALA

The goal of POLICY assistance in Guatemala is to help create a favorable policy environment for FP/RH and promote recognition of linkages between population and development. To achieve this goal, POLICY will

- Support the active participation of private and public sector organizations in public information campaigns, advocacy activities, and reproductive health and population policy formulation;
- Provide assistance in monitoring the reproductive health policy environment through civic surveillance, including monitoring the status of human rights, namely health and sexual and reproductive rights;
- Help develop and/or strengthen policies, laws, regulations, and plans that promote and improve access to FP/RH services;
- Provide training in data analysis and develop information and communication tools for educating decision makers, professional associations, civil society organizations, and other groups in FP/RH, population, and development policy issues; and
- Provide assistance to develop, update, and transfer policy tools and methodologies to ensure that up-to-date and relevant information informs policy decisions.

Summary of Major Activities

July 1—September 30, 2001

During the current and previous reporting period, POLICY provided assistance to a multisectoral group of organizations involved in formulating and lobbying for a Law of Social Development that adequately addressed the needs of the Guatemalan population. On September 26, Congress approved the law, along with the suggested amendments and changes submitted by the multisectoral group, which includes the Secretary of Women, the Women's Network for Peace, and donor organizations among others. The work of the group will not cease, however, with the passage of the law. POLICY is now providing assistance to the group in initiating a new advocacy strategy designed to avoid a potential veto of a new law that is likely to be requested by the Catholic Church.

POLICY carried out several activities designed to support and strengthen NGOs. Between July and September, POLICY facilitated five meetings to provide assistance to the Women's Network for Peace in preparing a strategy for civic surveillance and a social audit on issues of family planning, safe motherhood, and HIV/AIDS. The strategy is designed to systematically monitor follow-up of government commitments in the area of reproductive health. POLICY also helped the Network develop a proposal to request membership in the Inter-American Democracy Network (IDN). The proposal was accepted and the network has now been incorporated into the IDN as a member. POLICY also initiated a relationship with the group, Fundación ESFRA, which is a religious NGO that works closely with community leaders in marginal zones around Guatemala City. Fundación ESFRA requested training and assistance in the field of reproductive health advocacy, and will participate in a POLICY-sponsored advocacy workshop in October.

Also during this reporting period, POLICY collaborated with the USAID/Washington Interagency Gender Working Group (IGWG) to provide support to the First Mesoamerican Encounter on Gender Studies, which took place in Antigua, August 2001. POLICY assistance took the form of financial support for materials development and the generation of information on the situation of Guatemala's women. Eight hundred people from the LAC region attended the seminar. Two specific sessions addressed the topic of women's health. POLICY also facilitated a visit of IGWG members to Guatemala to lay the groundwork for a qualitative research study on Access, Quality of Care, and Gender in Reproductive Health Programs. The research, funded with IGWG funds, will be conducted in three

countries in different regions. Guatemala, because of its longstanding work in the areas of gender and reproductive health, was chosen for the LAC region.

Also in the area of gender, in collaboration with the Interagency Gender Working Group of Guatemala (GIGWG), POLICY created a glossary of gender and health terminology. POLICY reviewed the contents and provided assistance in editing the glossary and preparing it for publication. POLICY also prepared a tool for the GIGWG to incorporate gender in monitoring and evaluation indicators.

POLICY has continued to work with the Asociacion Pro-Bienestar de la Familia de Guatemala (APROFAM), the Guatemalan Social Security Institute (IGSS), and the Ministry of Health (MOH) in preparing for the next round of medical and institutional barriers surveys, to be fielded in March/April 2002. The survey instruments will be finalized in the next two months.

POLICY and the Economic Planning Secretariat (SEGEPLAN) continued to work together to draft a guide for developing a population and development policy. The document will guide the participatory process of policy formulation following the passage of the Law of Social Development (Population and Development).

In collaboration with the U.S. Centers for Disease Control (CDC), POLICY continued to prepare for Guatemala's 2002 Family Health Survey (FHS). POLICY is a member of the interagency technical core group for the survey and will be an integral part of the research team that develops the survey instruments and analyzes and disseminates results. POLICY will also provide financial support for printing the questionnaires and final report, as well as for dissemination activities.

Responding to a Mission request, POLICY started coordinating with the MOH in its efforts to develop a National Reproductive Health Report that addresses the status of reproductive health in Guatemala. POLICY, with inputs from the MOH, developed a presentation on the proposed content of the report. The Director of the Reproductive Health Program will give the presentation to the National Health Council and donor community in the coming weeks. Also, in response to a Mission request related to the impending national nutritional crisis in Guatemala, POLICY prepared a rapid assessment designed to help USAID identify priority municipalities to focus on a National Emergency Plan that is being drawn up. USAID acknowledged the utility and timeliness of POLICY's contribution to this effort.

POLICY provided assistance to USAID and MOH in developing a ministerial decree for the official creation of a reproductive health unit within the ministry that will implement both bilateral and other USAID-funded programs. The proposal was submitted to the Vice Minister of Health for revision and approval.

POLICY developed a core-funded package proposal for Guatemala, designed to help develop and put in place operational policies to reduce barriers to family planning and support implementation of the recently restored national reproductive health program. The package will complement an assessment of medical and institutional barriers that will be conducted in 2002 with field support funds. The package has been submitted to the Mission for review and approval.

As well, during the current reporting period, POLICY

- Developed and delivered presentations on various topics including medical barriers to family planning, the legal and political framework for family planning, the policy environment for reproductive health, and the need for gender training. These presentations were delivered to the National Congress of Gynecology and Obstetrics; the Women's Physicians Association of Guatemala (AGMM); multisectoral groups; CAs, and USAID.
- Introduced Mission to POLICY's approach to contraceptive security with presentation at USAID.

- Financially supported the participation of counterparts from AGMM and the Guatemalan Association of Professional Nurses (AGEP) in the National Congress of Gynecology and Obstetrics.
- Received a request from the Central American and Panama Institute of Nutrition (INCAP) for assistance to develop an introductory module for a distance-learning program on Integrated Women's Health.
- Sent a local staff member to a three-week course on evaluation of population and health programs, carried out by MEASURE, the Central American Population Program, and the University of Costa Rica.

October 1—December 31, 2001

On October 19, the President of Guatemala ratified the Law of Social Development, which for the first time set out a legal framework for work in population and development in the country. POLICY played an important role in this landmark achievement through assistance in previous reporting periods that contributed to congressional approval of the law in September 2001. In the current reporting period, POLICY continued to provide assistance to the multisectoral group of organizations formulating and lobbying for the law to avoid the presidential veto requested by the Catholic Church. This assistance included support to the Secretary of Women in preparing a recommendation for presidential approval. POLICY also provided technical and financial support for a campaign to put pressure on the president for final passage. The campaign, entitled "Social Development Law: Civil Society Opinion," was organized by the Women's Network for Peace, the Guatemalan Association of Gynecology and Obstetrics (AGOG), and the Women Physicians' Association of Guatemala (AGMM). The result of these combined advocacy efforts was the official publication of the law without any of the modifications requested by the church.

Following the passage of the law, POLICY continued to provide TA to the Economic Planning Secretariat (SEGEPLAN) and to the multisectoral group in the next step of the process: developing a social development and population policy. Toward this end, POLICY conducted a workshop on formulating policy scenarios that included a policy mapping session and organized a technical meeting to review and finalize a draft proposal of the policy. Experts from the MOH, Women's Secretariat, AGOG, AGMM, USAID, the Education Reform Project, the Maternal and Neonatal Health (MNH) Project, and NGOs participated in this meeting. In December, the draft was submitted formally to SEGEPLAN and the upper levels of the MOH and the Women's Secretariat.

In an effort to ensure effective coordination among donors including UNFPA and local counterparts in the development of the aforementioned population policy, POLICY and USAID met in November with the Secretary of Planning. During this meeting, the secretary frankly discussed the political situation of SEGEPLAN and reaffirmed the collaborative relationship that exists between SEGEPLAN, USAID, and POLICY. He also agreed to bring UNFPA in to join ongoing efforts of other donors with respect to the population policy. The secretary also requested technical and financial support for creating a population unit within SEGEPLAN to oversee matters related to the Social and Development Law.

Even with the passage of the law and the upcoming population policy, advocacy will not cease. The Catholic Church continues its campaign against population and RH issues and uses all opportunities to create obstacles. Moreover, a very recent change in the Secretary of Planning at SEGEPLAN has created an uncertain situation as the new secretary comes from conservative Landivar University.

During this reporting period, POLICY/Guatemala transmitted two proposals for approval to the small grants program. The first, submitted by La Cuerda and the Women's Network of Journalists, proposes a campaign to disseminate information and to raise awareness about RH and human rights. The second, presented by the Women's Network for Peace, focuses on improving women's participation in the RH

policy arena in the department of Sacatepequez. POLICY will also subcontract support for a project on civic surveillance of RH rights developed by the Women's Network for Peace.

POLICY continued to work closely with the MOH providing TA to prepare the report, "Family Planning and Maternal Attention: Challenges and Achievements for 1987–2000." The draft is currently being reviewed by the RH director and will be available in final form for the anniversary of the MOH RH program next January. POLICY will also provide TA to the MOH in preparing a broader national reproductive health report planned for publication in May 2002. The National Women's Health Commission of the MOH also received POLICY assistance during this period to develop a results framework and to introduce a gender perspective into its work.

POLICY continues to collaborate with the Interagency Gender Working Group (IGWG). Local staff helped the IGWG to identify an organization to carry out a qualitative research study on access, quality of care, and gender in reproductive health programs. POLICY also worked closely with the Guatemalan IGWG to hold monthly meetings and to formulate a gender project proposal that the IGWG will present (through member organization APROFAM) to IGWG/Washington for funding.

USAID/Guatemala City decided to postpone fieldwork for the next round of medical and institutional barrier surveys from March/April 2002 to early 2003.⁵ The planning for the surveys will take place in November/December 2002. POLICY will be closely involved.

In November, the Mission approved a core-funded package designed to help develop and put in place operational policies to reduce barriers to family planning access. Activities will begin in January 2002.

POLICY continued to work with the Centers for Disease Control (CDC) to prepare for Guatemala's 2002 Family Health Survey (FHS). Final versions of the questionnaires will be ready in January 2002. POLICY also co-sponsored the National Congress of Medicine and arranged to conduct studies of the actions needed to eliminate the restrictive clauses (*reservas*) that the Guatemalan government appended to the International Conference on Population and Development (ICPD) agreement, and actions needed to make a "health code" modification to institutionalize the RH program, which currently does not exist in the MOH organizational structure.

POLICY developed and delivered presentations on various topics including medical barriers to family planning, population dynamics and health demands, and gender-sensitive indicators. Audiences included the National Congress of Medicine, the MOH, and multisectoral groups. POLICY started drafting an introductory module for a distance-learning program, entitled "Integrated Women's Health: Situation and Policies," coordinated by the Central American and Panama Institute of Nutrition (INCAP), MOH, the Social Security Institute (IGSS), and local universities.

POLICY also collaborated with a visiting representative of Futures Group Europe, who is developing a proposal to be presented to European donors. The proposal pertains to adolescent RH and will support and complement POLICY efforts in that area.

⁵ This will allow time for John Snow, Inc., to complete its contraceptive stockout study.

HAITI

The goal of POLICY Project assistance in Haiti is to fill the reproductive health policy void resulting from a severely weakened public sector by strengthening civil society's role, building public-private sector partnerships, and supporting the public sector's strategic planning process. Assistance will focus on helping NGOs and other civil society groups and national and departmental officials to implement reproductive health, HIV/AIDS, and other objectives in the national population policy. This will be accomplished by supporting the Ministry of Public Health and Population (MOH) in the development and implementation of a national HIV/AIDS strategy and in the creation and operation of a public-private sector national reproductive health commission. In addition, POLICY provides technical and financial assistance in advocacy and fundraising to civil society organizations with grassroots membership focused on youth, women, HIV/AIDS, and other interests. POLICY also provides assistance to the Secretary of State for Population by disseminating information on the national population policy. POLICY collaborates with the bilateral project and NGO grantees as well as with MOH officials to improve the quality of and access to FP/RH.

Summary of Major Activities July 1—September 30, 2001

Upon request of the Mission, POLICY/Haiti provided substantial technical and logistic support for the development of a National HIV/AIDS Strategic Plan. During this period, POLICY participated in four technical meetings with the Child Health Institute (IHE)—the lead agency contracted by UNAIDS to help the MOH develop the strategy—and the Committee Responsible for the Coordination.

Eric Gaillard gave a presentation on the GOALS, a resource allocation model for HIV/AIDS programs, to officials from the MOH and national and international organizations. Following this presentation, POLICY received a letter from the Director of the National AIDS Program requesting that POLICY support the development of a temporary plan.

POLICY also prepared an analytical framework for the National HIV/AIDS Strategic Plan document and submitted it to the IHE, which accepted it. This framework proposes the information that needs to be collected and the answers that need to be obtained in order to analyze the external environment as a first step in developing a strategic plan. POLICY has been asked to prepare the analysis of the entire environmental context. The project therefore will have to meet with the IHE to determine the other areas of responsibility to be entrusted to POLICY as well as the methods of execution.

One of the results that POLICY hopes to achieve is the creation of a national reproductive health commission and establishment of a public-private partnership to carry out the reproductive health program in Haiti. The current political environment and the change in government in February 2001 caused POLICY to revise its strategy and change the context in which political dialogue was carried out with the MOH. POLICY collaborated with the MOH and prepared a presentation, entitled "Processus d'élaboration d'une vision commune en matière de SR" [The Development of a Common Goal on Issues of reproductive health] for the Director General (DG) of Health. The DG used the presentation at a meeting on June 25, organized by the Ministère de Santé Publique et de la Population (MSPP), with the goal of creating a philanthropic public-private sector partnership to reinstate the participation of representatives from the MSPP, USAID, POLICY, Management Sciences for Health (MSH), CDS, and UNFPA.

In addition, POLICY prepared a document, entitled "Cadre pour l'élaboration d'un programme de relance des activités en matière de santé de la reproduction" [Framework for the Development of a Program for

the Reinstatement of Reproductive Health Activities]. The DG of the MSPP adopted the document and officially presented it to those in charge of reproductive health at the MOH. A committee was created to implement the document's recommendations.

POLICY provided financial and technical assistance to two youth organizations, Mouvman Lespwa and L'Union des Amis Socio-Culturels d'Action en Développement (UNASCADE), which are not primarily focused on reproductive health, to carry out advocacy with youth on the subjects of FP, reproductive health, teen pregnancy, and HIV/AIDS prevention. In this quarter, POLICY assisted UNASCADE in organizing two workshops, each with the theme "Reproductive Health, HIV/AIDS, and Early Pregnancy." The first workshop took place on July 18 in Caves and the second on July 20 at Cotes de Fer. More than 400 young people and 20 representatives of NGOs participated in these two workshops. In addition, POLICY helped UNASCADE support a conference room during International Youth Day. POLICY's financial and technical assistance was also provided to the Foundation for Reproductive Health and Family Education (FORSEF) to organize activities for more than 500 young people during their vacation. Included among these activities was an orientation on issues of reproductive health, AIDS prevention, and early pregnancy.

POLICY provides ongoing assistance to the Volunteers for the Development of Haiti (VDH) and Femn Soleil Lever. POLICY supports the development of a five-year strategic plan by the VDH, which will make it possible for them to obtain financial assistance from the Turner Foundation. POLICY participated in the group's first workshop, July 23–27, on the development of a workplan, and also in the group's second workshop, September 18–21. In addition, POLICY supported the organization of a workshop by Femn Soleil Lever to train 18 women. The theme, which was within the framework of the organization, was "Reproductive Health—Leadership—Advocacy." These activities were successfully carried out from September 3–7. Femn Soleil Lever has scheduled a second workshop in November.

October 1—December 31, 2001

During this quarter, POLICY continued to devote significant resources to the development of the National HIV/AIDS Strategic Plan. POLICY provided technical assistance to the Child Health Institute (IHE)—the lead agency contracted by UNAIDS to help the MOH develop the strategy—and to the Technical Committee Responsible for Coordination of Plan Development (Technical Committee). POLICY produced epidemiological projections using the AIDS Impact Model (AIM) and prepared a report entitled "Analysis of the General Context of the Evolution of AIDS in Haiti." The data and conclusions from both of these products were presented to stakeholders involved in developing the plan and were used by the IHE and the committee in drafting the strategic plan.

At the request of the IHE and the UNAIDS/Haiti Coordinator, POLICY also collected and analyzed information on experiences in developing and implementing national strategic plans in other countries with HIV/AIDS epidemics. POLICY made a presentation on lessons learned from these experiences to an audience composed of representatives from the MOH, IHE, and various NGOs.

POLICY also participated in and helped to facilitate several workshops and meetings related to developing the National HIV/AIDS Strategic Plan. This included a two-day workshop, "Analysis of the Environment and a Response," on October 16–17 organized by the IHE with the objective of obtaining perspectives of all stakeholders involved in HIV/AIDS on the challenges, opportunities, and risks in the development of an effective response to the epidemic. A workshop was subsequently held on November 16 to validate conclusions from the discussions of the October workshop. In December, POLICY and the Technical Committee met to prepare the first draft of the National HIV/AIDS Strategic Plan. In a subsequent meeting on December 11, principal stakeholders involved in HIV/AIDS as well as

representatives from USAID and UNAIDS came together under the leadership of the MOH Director General to review and validate this draft.

To strengthen the role of civil society in the HIV/AIDS arena, POLICY supported the NGO Konesans Fanmi in its efforts to promote the involvement of the soccer community in activities related to HIV/AIDS. Konesans Fanmi and soccer players participated in soccer tournaments with an AIDS prevention theme, the first time that this NGO has lent itself to such an effort in the sports community. POLICY also supported Konesans Fanmi's efforts in commemorating World AIDS Day in December. In particular, POLICY provided financial support for a community mobilization activity on HIV/AIDS that brought together over 3,500 people from various sectors of the town of Léogane.

In November, POLICY provided technical and financial support for the organization of a roundtable discussion by UNASCADE on reproductive health, early pregnancy, HIV/AIDS, and drugs. Over 500 young men and women participated. POLICY also provided technical and financial support to Volontaires pour le Développement d'Haiti (VDH) for policy dialogue in the education sector. The dialogue culminated on AIDS Day, December 1, with the final round of a contest that tested students' knowledge on reproductive health. Two hundred forty-six schools nationwide competed. The POLICY LTA signed certificates that will be issued to all the participating schools. On September 26, POLICY participated in a national seminar organized by a steering committee for research on the elderly in Haiti.

In December, POLICY financed and facilitated a planning workshop organized by Femn Soleil Lever (FSL) to assist the NGO in identifying the nature and the level of its future involvement in the areas of reproductive health and HIV/AIDS. It is expected that FSL's future mission statements will reflect the conclusions reached at the workshop.

POLICY also continues to contribute to efforts to strengthen political commitment for reproductive health by actively participating and offering policy perspectives in meetings and events that focus on critical reproductive rights and health issues. POLICY participated in a symposium on management of family violence in Central America and the Caribbean on November 27–29, organized by PAHO/WHO and the Ministry on the Condition of Women with participation of professionals from Trinidad, Barbados, Jamaica, Surinam, Nicaragua, El Salvador, and Haiti. POLICY continues to participate in meetings organized by the Committee on Reproductive Health established by USAID three years ago, which meets on a regular basis in the offices of AOPS, an NGO grantee of USAID. This quarter, the emphasis is on standards of maternal care in health institutions.

With the goal of strengthening the process of RH planning in Haiti and following meetings with the MOH to energize the national reproductive health effort, POLICY prepared a concept paper for a strategy to reduce maternal mortality using a holistic approach. The MOH incorporated this approach in its priority action plan. At the request of the Director General of the MOH, POLICY also prepared both a framework and a process for implementing the maternal mortality component of the MOH Priority Action Plan. These documents were presented to members of a committee formed by the Director General to make recommendations for the implementation of the plan.

In December, POLICY was asked to work with USAID staff to prepare terms of reference for a workshop scheduled for next quarter to reflect on the Mission's current strategy on distance learning, or "éducation à distance." One of the objectives of the workshop is to examine recommendations arising from an analysis of distance learning and to determine how the recommendations relate to problems in the education sector. An initial scope of work was submitted to the Mission.

POLICY continued to contribute to strengthening the institutional capacity of counterparts in RH policy and advocacy. In November, POLICY actively participated in a workshop on the development of a post-

graduate studies program in population. The workshop, in which POLICY has participated for the past three years, was organized by UNFPA and the faculty of social sciences in order to adopt recommendations for re-orienting the program. POLICY also organized and conducted the training of 30 local staff of FSL from October 30–November 3 on the topics of reproductive health, leadership, and advocacy.

At the request of HS–2004, a bilateral project of USAID, POLICY prepared a training plan on the management of performance. The course is a prerequisite for implementing a system of management and of evaluation of performance and results of projects financed by HS–2004.

JAMAICA

The goal of POLICY Project assistance in Jamaica is to strengthen plans for implementation of reproductive health programs at the local (parish) level in Jamaica and ensure a more rational allocation of resources at both the regional and parish levels. POLICY works with the Ministry of Health (MOH) and regional health authorities (RHAs) to disseminate the National Strategic Framework for Reproductive Health (NSFRH) within the Family Health Program, 2000–2005, and to ensure that workplans at the decentralized level are consistent with the framework and developed in a participatory manner. POLICY also continues to provide support to the National Family Planning Board (NFPB) to help implement its reorganization. POLICY collaborates with Youth.now, USAID/Kingston's bilateral adolescent reproductive health project, to ensure that POLICY's more general reproductive health policy activities support Youth.now's adolescent-specific policy activities.

**Summary of Major Activities
July 1—September 30, 2001**

POLICY conducted the second and third of its series of four regional workshops during this quarter, and began planning for follow-up training, TA, and research for the RHAs and parishes. U.S.-based POLICY staff were unable to attend either workshop due to travel restrictions in the wake of the September 11 attacks; however, local consultant Sonia Subaran provided support to the RHAs for both workshops.

The South East Regional (SER) workshop was held on September 12–13 in Kingston with an estimated 70 participants on Day 1 (technical updates) and 50 participants on Day 2 (action planning). The workshop results were excellent: parish representatives and regional officers drafted action plans for family planning, HIV/AIDS/STI, and safe motherhood, and are now preparing their parish-level annual program plans based on the action plans. The Regional Technical Director (RTD) reported that the workshop presentations by the MOH and Youth.now successfully raised awareness about the legal framework for providing adolescent reproductive health care and about ARH issues in general, and resulted in significant attention to these issues in the action planning process. The RTD also reported that the keynote address on the integration of HIV/AIDS and family planning services was followed by a good discussion of the many issues involved and of the dire need to integrate services in the region.

The SER RTD requested follow-on assistance from POLICY in the following areas: advocacy training for regional and parish reproductive health staff and representatives from the parish AIDS committees, and support for subsequent advocacy activities (breakfast forums with private sector corporate leaders); support for research on quality of care issues in the region's health services, in collaboration with the Quality Assurance Project; training for regional technical staff, parish medical officers of health, and parish managers in costing and modeling the impact of reproductive health interventions as a tool for programming and advocacy; and support for a baseline knowledge, attitude, and practice (KAP) survey of men in prisons as the basis for developing a program to reach men with reproductive health information. The RTD also identified several other areas in which assistance is needed: support for a replication in St. Thomas parish of the Youth.now ARH programs in other parts of the region (POLICY will discuss this with Youth.now); training for community peer educators and community health aides to integrate the delivery of family planning and HIV/AIDS/STI health promotion; training for faith-based organizations in voluntary counseling and testing for HIV/AIDS/STI; supervisory training for middle management health care providers; and a photocopy machine and laptop computer to facilitate promotion and training activities in reproductive health.

A third workshop was held September 18–19 in Mandeville in the Southern Region. The two-day workshop followed the same format as the North East Regional workshop (held in June), with a technical

update, a strengths, weaknesses, opportunities, and threats (SWOT) analysis, and action planning sessions. Approximately 45 participants attended both days of the workshop and developed action plans for the three thematic areas of the Family Health Program—FP, safe motherhood, and HIV/AIDS/STI. The region has asked each parish to use these action plans as the basis for their own parish-level program plans. POLICY will provide support to the region as needed in the next phase, to ensure that the workshop results get translated into program plans. In a follow-up meeting later in September, the regional Program Development Officer (PDO) for the Southern Region noted several areas where POLICY might offer assistance: training for regional and parish technical staff in program planning, finance, and evaluation, including linkages with the service-level agreements and indicators; computers for parishes to help facilitate programming, budgeting, and evaluation; and assistance to improve the capacity of program managers for performance planning and evaluation. In relation to integrated service delivery in reproductive health and HIV/AIDS/STI, the PDO added that the region currently is doing some integrated service delivery, but that a key obstacle is a national policy that prevents FP nurses from prescribing medication for STIs, contrary to the syndromic management training they have received.

The North East Regional Health Authority (NERHA) reported that no significant progress has been made on the action plans at the parish level. He requested assistance in bringing key representatives together for a one-half day workshop to finish the action plans and translate them into program plans. NERHA's RTD identified training in program planning and financing skills as the primary areas of need for regional and parish technical staff and for members of the Regional Health Board of Management, along with access to cost data and modeling skills to help advocate at the national level for regional and parish program plans and budgets. POLICY also agreed to work with the NERHA on a study to investigate the impact of the introduction of fees for condoms in the public health clinics, with a special emphasis on gender issues and rational price setting.

Additionally, POLICY continued its program of assistance to the NFPB, through a subcontract with Peat Marwick and Partners (KPMG), to refine operational plans for the board's new organizational structure and business plan. These activities have been delayed as the Human Resources Division of the Ministry of Finance reviews the budget implications of the reorganization while the MOH appoints a new board.

October 1—December 31, 2001

POLICY provided follow-up to the regions where it supported strategic planning workshops during previous quarters in 2001 and also planned the fourth and final workshop for January 2002. Discussions continued with the regional technical directors (RTD) from the South East Region and the North East Region to define the scope of follow-on assistance in the face of limited field support funds. POLICY agreed to provide advocacy training for representatives from the South East Region; that activity will take place in the next quarter. In the North East Region, POLICY will respond to several issues identified in the strategic planning workshop (June 2001) with core-supported research on dual protection and gender issues and a substantial core package on operational barriers to the integration of RH and HIV/AIDS services at the parish level. POLICY developed the core package proposal during November and vetted it with MOH officials and regional and parish counterparts during a December visit. The MOH and local officials received the proposal well and agreed to collaborate with POLICY to implement the package during 2002–2003. POLICY received USAID Mission approval for the package in December; activities will commence in January 2002. Follow-up activities with the Southern and Western regions will be confirmed during meetings early in the next quarter, as will details on the research proposal for the North East regional study on dual protection and gender issues.

POLICY's assistance to the NFPB, through a subcontract with Peat Marwick and Partners (KPMG) faced continued delays during this quarter while the Human Resources Division of the Ministry of Finance reviewed the budget implications of the reorganization and the MOH appointed a new board.

MEXICO

In Mexico, the POLICY Project works to promote enhanced participation in the planning process and to improve the policy environment for HIV/AIDS in targeted states by forming multisectoral planning groups composed of a broad range of state and local organizations working in HIV/AIDS and related fields and helping them develop integrated strategic plans for HIV/AIDS that address the needs of the states' vulnerable populations. POLICY provides follow-up TA to help establish the planning groups as permanent advisory boards that, among other things, advocate for HIV/AIDS policy in their states. Additionally, POLICY provides technical updates and training on key issues, including youth and adolescents, HIV/AIDS and human rights, gender issues, and advocacy for HIV/AIDS.

Summary of Major Activities July 1—September 30, 2001

POLICY LTAs provided ongoing TA to the HIV/AIDS multisectoral planning groups (MCGs) in the states of Guerrero, Mexico, and Yucatan, as well as worked with representatives from the HIV/AIDS communities in Chiapas, Oaxaca, and Vera Cruz where the multisectoral planning process is just beginning. In Guerrero in July, POLICY and the MCG met with the new secretary of health, who expressed her support for the work of the MCG and her interest in related activities, even though she pointed out that the secretariat's budget for health, including HIV/AIDS, has been reduced this year. During August, POLICY and the NGO, Balance Red de Jovenes, conducted the third in a series of training workshops on adolescents/youth and HIV/AIDS for the MCG in Guerrero.

In the states of Mexico and Yucatan, POLICY and Balance Red de Jovenes conducted workshops in August to present the follow-on component of the youth project to the MCGs (Yucatan, August 1–2, and Edo de Mexico, August 6–7). Other TA activities in those states included the first round of training for MCG members in the use of electronic communications, which will be continued in October with the introduction of the new MCG website/virtual office. In support of the MCG in Yucatan, and in response to the public outcry over homophobic and discriminatory public statements by the Director of the Human Rights Commission in that state, POLICY cosponsored press conferences by MCG members and the NGO community in Merida and Mexico City.

In Chiapas, POLICY made a formal presentation of the multisectoral planning process to the state Secretary of Health in August, and also trained representatives of the HIV/AIDS community in the use and application of the AIDS Policy Environment Score. In Veracruz, POLICY met with representatives of the HIV/AIDS community in August and September to finish the situation and response analysis in that state, as well as to identify a list of key stakeholders who will be invited to attend the weeklong multisectoral strategic planning workshop later this year. In mid-August, POLICY provided assistance to the State AIDS Council (COESIDA) in Oaxaca to prepare a draft of its five-year Strategic Plan for HIV/AIDS. The process included a participatory approach to define strategies and activities in the areas of administration, legal services, and specialized treatment and health services.

Additionally, POLICY met with members of the Federal District State Program on HIV/AIDS in August to identify areas for collaboration. The group identified specific opportunities for joint work, which include developing a database and/or operations manual to improve management of the program's administrative component, and assessing and recommending improvements to the current system for registering AIDS cases (EPISIDA). These issues will be further explored in the next quarter.

In September, POLICY LTAs met with the directors and technical staff of three key departments of CENSIDA (formerly CONASIDA) to identify ways to improve coordination and communication between POLICY and CENSIDA's technical staff, particularly at the state level. The meeting opened direct lines

of communication with those working in the states and led to a series of agreements for collaboration. The coordination had an immediate impact on the work in Veracruz, where CENSIDA subsequently provided technical input to the situation and response analyses.

One of POLICY's LTAs participated in a live national radio show. The theme of the one-hour program was international assistance to HIV/AIDS in Mexico.

October 1—December 31, 2001

POLICY LTAs provided ongoing TA to the HIV/AIDS multisectoral planning groups (MCGs) in the states of Guerrero, Mexico, and Yucatan, and worked with representatives from the HIV/AIDS communities in Chiapas, Oaxaca, and Vera Cruz where the multisectoral planning process is just beginning. The POLICY team continued to work with the National Center for AIDS Prevention and Control (CENSIDA) to improve coordination of project activities at the state level by holding two meetings with technical staff and directors on this issue. Additionally, the project hired two anthropologists to conduct an external evaluation of the POLICY/Mexico program from 1998–2001. The report will be available in early 2002.

In October, POLICY invited approximately 20 representatives from the six states where it works to attend a two-day workshop in Cuernavaca entitled "Exchange of Experiences of the Multisectoral Groups." The participants also included representatives from the two "satellite" states of Campeche and Quintana Roo in the Yucatan peninsula that will be working with the State of Yucatan's MCG to develop a regional strategy on HIV/AIDS and replicate the MCG in their own states. The purpose of the workshop was two-fold: to facilitate an exchange of experiences between the current MCGs and representatives from the states that are about to form MCGs; and to allow the outside evaluation team to interview participants about the experiences they have had with POLICY at the state level. The workshop included plenary and working group sessions on technical areas, including communications and policy change, gender and HIV/AIDS, and sustainability of networks, as well as sessions devoted to presentations and discussion of the MCG experience in Yucatan, Guerrero, and the State of Mexico. Additionally, a local POLICY consultant presented his proposal for a virtual community/website for the MCGs as part of the strategy to create a network of MCGs and to facilitate joint activities across states on HIV/AIDS policy. Two representatives from CENSIDA participated in the workshop as observers, to learn more about POLICY's work with the MCGs. The evaluation team of Dr. Debbie Caro from the United States and Dr. Patricia Ponce from Mexico conducted group interviews with the MCG representatives during closed sessions.

Also in October, POLICY LTA Hernandez delivered a session entitled "HIV/AIDS as a Problem of Governance" during a five-day, regional workshop on current issues in HIV/AIDS in Telchac, Yucatan. The annual workshop, attended by 40 health service providers, was the third to be organized and held by the MCG/Yucatan since its creation in 1998. Many of the workshop sessions were broadcast live over the radio by a Yucatan station and thus reached a much broader audience than just the participants. The press also gave ample coverage to the weeklong event, continuing to deliver on their commitment to the MCG in 1998 to help raise awareness about HIV/AIDS and to build community support for the work of the MCG and its member organizations.

In November, POLICY conducted a two-day workshop in Chiapas for 13 representatives from HIV/AIDS programs and key actors in HIV/AIDS from the state to train them in the methodology for situation and response analyses. Participants left the workshop prepared to undertake the two analyses, which are the first steps in the POLICY multisectoral strategic planning process. They will present their findings at the POLICY strategic planning workshop in 2002. While at the workshop, participants also convened a press conference to speak out against the death threats made against Rosember Lopez, a local HIV/AIDS activist and National Front of Persons Living with HIV (FRENPAVIH) member who had been lobbying the social security institute, IMSS, in Chiapas to improve the quality of HIV/AIDS services. The press

responded with good coverage of the story, and the local POLICY team continues to monitor the situation.

Through its subcontract with POLICY, Balance Red de Jovenes, a national network of young people devoted to promoting reproductive and sexual rights, provided technical assistance to the MCGs in Yucatan and Guerrero. In Yucatan, Balance representatives helped facilitate a training workshop in October entitled “Sexual Health and HIV/AIDS.” The youth subcommittee of the Yucatan MCG organized the workshop, as part of their commitment to raising awareness of and improving programs for youth on HIV/AIDS. The subcommittee was created earlier this year following the POLICY-Balance workshop on adolescents and HIV/AIDS. In Guerrero, Balance representatives presented the follow-on component of the youth project to the MCG.

POLICY LTAs Hernandez and Benitez attended the 10th International Conference for Persons Living with HIV/AIDS in Trinidad from October 26–November 1. The LTAs helped facilitate a POLICY session on stigma and discrimination leading the Spanish-language groups. POLICY also sponsored two local counterparts at the conference: Francisco Viruel, the state and regional representative of FRENPAVIH who also participates in the Guerrero MCG; and Jose Polanco, of the Yucatan NGO, Vivir con Dignidad (Live with Dignity) and member of the Yucatan MCG. POLICY worked with the HIV/AIDS Alliance to select the representatives to send to the conference.

POLICY’s LTA, Edgar Gonzalez, collaborated with the NGO SIDALAC Project to facilitate a workshop on political mapping and HIV/AIDS in Ecuador at the request of ASICAL, the network of Latin American NGOs working in HIV/AIDS. At the end of the workshop, the participants decided to form a national network of NGOs devoted to improving the policy environment for HIV/AIDS. They sent a note to SIDALAC, thanking them and POLICY for the workshop, and crediting Gonzalez with motivating the creation of the network.

In December, POLICY LTAs participated in official ceremonies for World AIDS Day in three locations; Chiapas, the State of Mexico and the Federal District. Benitez attended the official ceremony in Chiapas, where he also attended the inauguration of the new house for activities to be run through the Chiapas State Program on HIV/AIDS. Gonzalez went to Toluca in the State of Mexico to attend the official ceremony and to formalize an agreement between POLICY and the state HIV/AIDS programs from the Federal District and the State of Mexico to develop and implement a metropolitan strategy on HIV/AIDS, beginning with a POLICY-supported metropolitan forum in 2002. In the Federal District, Hernandez participated in the official ceremonies and information fair where the federal secretary of health’s remarks included his commitment to implement the strategies laid out in CENSIDA’s Strategic Plan for 2001–2005, which POLICY helped develop earlier this year.

POLICY staff in the U.S. developed a proposal for a core package for Mexico on the stigma of HIV/AIDS and discrimination against persons with it. The package was approved this quarter by the CTO for POLICY, by USAID’s HIV/AIDS Division, and by the USAID Mission in Mexico. POLICY’s deputy director for HIV/AIDS, Kevin Osborne, traveled to Mexico in November (with Clif Cortez from USAID) and again in December to introduce the package to local counterparts, get their feedback, and solicit their approval and collaboration on the implementation of activities.

PERU

The goal of POLICY assistance in Peru is to strengthen civil society organizations to advocate for sexual and reproductive health and rights, and to participate in the design and surveillance of FP/RH policies and programs to ensure that they respond to the needs of both women and men. Project assistance focuses on training and TA to local partners in the area of sexual and reproductive rights. POLICY supports policy dialogue and advocacy in the context of Peru's changing political climate and conducts analyses and disseminates information on reproductive health issues.

Summary of Major Activities
July 1—September 30, 2001

POLICY activities in Peru were conducted under two different political scenarios: the last month of an interim government in July, during which there was a transfer of authority to the incoming administration; and the first two months of a new government and political party.

On July 26, the Youth Policy Guidelines were approved by Supreme Decree, becoming the first Peruvian policy ever to address the needs and concerns of youth. The policy addresses the promotion of sexual and reproductive health. Since May 2000, POLICY has worked in close collaboration with PROMUDEH (Ministry for the Promotion of Women and Human Development) to develop and promote a participatory discussion of this policy. Toward this end, during the current reporting period, POLICY facilitated a meeting between the NGO Redess Jovenes and the interim minister of PROMUDEH. During the meeting, the NGO presented a letter signed by 14 civil society organizations and advocated for the rapid approval of the Youth Policy Guidelines. The policy guidelines were signed by the interim president soon thereafter. On September 26, POLICY supported a meeting organized by Redess Jovenes with three provincial and 20 district-level mayors to obtain their commitment for the implementation of the approved youth policies at the local level.

Also in July, POLICY facilitated a meeting between five NGO representatives and the transition committee of the Ministry for the Promotion of Women and Human Development (PROMUDEH). During this meeting, the NGOs advocated and presented proposals for continuing under the new administration various activities that had been initiated by the interim government.

In July, on World Population Day, POLICY, in collaboration with UNFPA, provided technical and financial support to the Health Academy, the Association of Demography and Population, and Cayetano Heredia University in organizing a national forum on population policies. More than 100 participants from various sectors attended this forum, which received wide media coverage.

POLICY also provided TA to the MOH Office of Financing and External Cooperation in preparing a diagnosis and proposal on cultural and participation policies. This document was part of the MOH Policy Proposal published at the end of July. POLICY is also providing ongoing TA to this office to assess current external assistance projects and develop a strategy for integrating them into the MOH structure.

In August and September, following the inauguration of the new government, which is proving to be less open to FP/RH issues than the previous administration, POLICY devoted much time to facilitating and participating in various meetings with NGOs to analyze the new political context. POLICY provided technical and financial support to the National Network for the Promotion of Woman (RNPM) in organizing a workshop with their regional coordinators to analyze the political situation and plan specific activities to advocate for continued support of FP/RH policies. POLICY hired three consultants to produce information and develop arguments to support this advocacy.

With TA from POLICY, the RNPM elaborated a legislative proposal to promote legal recognition of the work of citizen surveillance committees. POLICY also created an opportunity for the RNPM to advocate on behalf of this proposed law by organizing meetings between members of the network and the heads of the congressional committees on health and decentralization.

During this reporting period, POLICY approved four small grants. Three of these—to COTMA (Ayacucho & Apurímac), EPRODICA (Ica), and SURMUBI (La Libertad & Amazonas)—propose to ensure that municipal governments include RH issues and concerns in their agendas and policies. POLICY is providing follow-on TA to implement the grants. The fourth grant, awarded to CENDOC Mujer, is for the elaboration and dissemination of biweekly information sheets on FP/RH, based on the review of local and international media and bimonthly summaries on the international FP/RH policy context. POLICY previously produced and disseminated these information sheets. During this quarter, six biweekly sheets and one bimonthly summary were sent via e-mail to civil society organizations, NGOs, and individuals across the country.

POLICY prepared an information sheet on reproductive rights and adolescents, which was published in the *Cuarto Femenino* magazine produced by the Manuela Ramos Program on Policy Participation and Leadership, under the USAID SO on Democratic Initiatives. This is the second information sheet produced by POLICY to be published in this magazine.

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During this quarter, POLICY continued to facilitate and to participate in various meetings with NGOs and CAs to analyze the political context for reproductive health under the new government and to develop arguments to support advocacy in favor of FP/RH programs. POLICY consultants prepared three concept papers on family planning and its benefits for women's health, equity, and women's participation. A barrier to FP/RH access was the legislative proposal sanctioning conscientious objection to the provision of certain services on the part of health providers. FP/RH advocates in Peru are concerned that such a law, if approved, would have a negative impact on FP/RH service provision and access. POLICY staff analyzed the proposal and elaborated arguments against it that were later discussed and used in a letter sent by different NGOs to congress. POLICY also hired a media specialist to attend a meeting organized by Movimiento Manuela Ramos with congressmen; as a result, an article on conscientious objection appeared in the press. Another article on the broad topic of reproductive health and rights (RH&R) policies written by POLICY staff appeared in an electronic magazine. POLICY staff also participated in designing a strategy to address congressional discussion of this legislative proposal and, in collaboration with the NGO DEMUS, elaborated an alternative proposal. POLICY's sixth information sheet on reproductive health and rights deals with the issue of conscientious objection.

As part of a subcontract with POLICY, the National Network for the Promotion of Woman (RNPM) organized a national meeting with their local coordinators and supervisors of citizen surveillance committees (CSC) to standardize training methodologies, organizational procedures, and monitoring tools to be applied at health posts and centers. Participants came from 18 departments: Tumbes, Piura, Lambayeque, La Libertad, Ancash, Callao, Ica, San Martín, Arequipa, Junín, Huanuco, Cusco, Madre de Dios, Apurímac, Amazonas, Loreto, Pasco, and Lima. POLICY staff also provided TA to RNPM to design and conduct seven two-day advocacy workshops on reproductive health and sexual rights for leaders of grassroots organizations and members of current CSCs in Callao, Tumbes, Lambayeque, La Libertad, Ancash, and Junín. Workshops included discussions of sexual and reproductive rights issues, contents of MOH FP/RH norms, and specific surveillance tools for monitoring local health services. For these workshops, RNPM elaborated a draft paper on CSC guidelines to be used at decentralized levels to strengthen existing committees and to form new ones with other grassroots organizations.

Prepared with TA from POLICY, the Network's legislative proposal to promote legal recognition of the work of citizen surveillance committees was finally presented to Congress for approval under Project No. 1442. The Network will continue advocating with other congressmen and various commissions for the discussion and final approval of this proposal.

POLICY continued to support discussions among NGOs on how to institutionalize youth policies most effectively in Peru. The current government proposal to create a new entity, the National Council for Youth (CONAJU), has received little popular support, and civil society organizations are seeking a better alternative. Toward this same end, POLICY provided financial support to facilitate the participation of 250 young people from Lima and other departments at the workshop on youth policies and their institutionalization organized by the Youth Working Group (CONTRAJU), an NGO network, at the National Conference of Development (CONADES). During this quarter, POLICY staff also participated in an official presentation to the new government of the youth policy guidelines that were approved by the previous administration. Also in the area of youth, POLICY provided technical assistance to Redess Jovenes to form a coalition of 24 NGOs working on youth issues. As part of this TA, POLICY participated in strategic planning financed by UNFPA to form the coalition and elaborate a workplan for ongoing activities.

With POLICY support, the Consortium of Economic and Social Research (CIES) will promote the formation of a broad coalition of stakeholders to discuss health policies on an ongoing basis. The coalition, named Foro Salud, will include professional associations, NGOs, women's groups, and other policy actors. Initial activities of the Foro include a press release and three meetings. CIES will also oversee the preparation of papers by selected specialists analyzing health policies related to child nutrition, community participation, financing, and intercultural approaches to health promotion. During this reporting period, CIES organized a regional forum in Trujillo to promote broad discussion of health policies, with the participation of local health authorities, professional associations, and NGOs.

POLICY commenced activities on monitoring compliance with the Tiahart Amendment and Family Planning Norms by hiring a new LTA. After several meetings with the USAID Mission and the staff of the MOH Office on People's Health, the design of the study was completed, the service delivery points were selected, and the questionnaires were pretested. Next steps include the training of regional interviewers and supervisors and the distribution of the questionnaires to health providers and FP users in approximately 150 hospitals and health centers.

POLICY continues to provide TA to the MOH Office of Financing and External Cooperation to assess current external assistance projects and to develop a strategy for integrating them into the MOH structure. POLICY also financed the participation of two staff officials from MOH at the Flagship Program Course on Health Reform in Panama.

Activities under the small grants with COTMA (Ayacucho and Apurimac), EPRODICA (Ica), and SURMUBI (La Libertad and Amazonas) continued with the goal of ensuring that RH issues and concerns are included in municipal agendas and policies. Activities conducted during this reporting period included workshops with leaders of local and grassroots organizations and meetings with councilmen and women. As a result, the municipalities of Ica and Trujillo (La Libertad) approved municipal resolutions to include youth reproductive health issues in their local plans.

A fourth small grant, awarded to CENDOC Mujer, is for the elaboration and dissemination of bimonthly summaries on international FP/RH policy and biweekly information sheets on FP/RH, based on the review of local and international media. During this quarter, six biweekly sheets and one bimonthly summary were sent via e-mail to civil society organizations, NGOs, and individuals across the country.

During this reporting period, POLICY also participated in a discussion on child policies organized by the Ministry for the Promotion of Women and Human Development (PROMUDEH), in an evaluation workshop related to RH organized by the Ombudsman's Offices, in a health and human rights workshop organized by the NGO APRODEH, and in a meeting with professional associations organized by Lima's Network.

COLLABORATIVE ACTIVITY HIGHLIGHTS

Collaboration is a hallmark of POLICY's management philosophy. POLICY strives to partner with CAs to not only further the POLICY mandate, but also to promote synergies between projects thereby advancing the goals of USAID. Mechanisms of collaboration vary for country and global activities, although the primary mechanisms remain constant. These mechanisms include partnering with CAs in training efforts, conducting workshops, enhancing advocacy efforts, and designing and implementing programs. POLICY also responds to requests from other CAs to participate in meetings and to share information and materials. In addition, POLICY staff serves as active members of USAID working groups. In addition to attending meetings, POLICY staff leads task forces, provides TA, conducts training, and prepares and presents papers. Highlights of the many ways in which POLICY collaborates with USAID CAs and other organizations appear below.

Program design and implementation

- In collaboration with POP IV–Pathfinder, the Ministry of Health and Population (MOHP), and UNFPA, POLICY/Egypt facilitated the initial stages of developing the National Strategic Plan for Population, 2002–2017. Specifically, POLICY organized two workshops and a series of meetings to prepare the FP/RH strategic plan and the plan for child health and survival. UNFPA (Population Development Strategies) provided funding for the two workshops in which POLICY was involved and for nine other workshops (in which POLICY was not involved to develop plans for other components of MOHP's work). POLICY conducted interviews with all the heads of departments in MOHP to discuss their vision of the future and helped prepare the first draft of the plans. POLICY also organized a four-day workshop in which the goals and objectives of the plans were determined. Workshop participants included senior policymakers in the MOHP and other related organizations. The workshops were considered an historical event at the MOHP because, for the first time, policy dialogue took place among all senior policymakers about the future of health and population.
- POLICY/Ethiopia worked in conjunction with the Regional AIDS Council Secretariat of SNNPR, the regional health bureau, and USAID CAs, such as Family Health International and the JSI/ESHE Project, to prepare a regional AIDS profile for the region. POLICY staff provided technical support in the design of the data collection instrument as well as financial support for data collection. Data collection has been completed at the health-institution and *woreda* levels and the analysis begun at the regional level. POLICY will continue its support to the Regional AIDS Council Secretariat by providing TA in data management, analysis, and in the development of advocacy presentations. In addition, POLICY and the International Labor Organization have been working with the Confederation of Ethiopian Trade Unions to draft policy guidelines for the workplace and HIV/AIDS.
- POLICY/Mozambique continues to collaborate closely with the CDC LIFE Initiative. The CDC resident advisor and his senior staff member are active members of the POLICY-supported Technical Group. POLICY and CDC began discussing additional LIFE Initiative funding to POLICY. The purpose of the funding would be to continue interagency facilitation for capacity-building and using information for program planning into FY03, and to incorporate new activities such as focused behavioral surveillance surveys and an informatics unit for the NACP within the MOH.
- In collaboration with UNICEF, IMPACT, the HAPAC Project, the National AIDS Control Council (NACC), and the Ministry of Home Affairs, POLICY/Kenya led consultations on the development of OVC policy, program, and service guidelines. POLICY and UNICEF co-organized a three-day

workshop for approximately 30 stakeholders to discuss and provide direction on the guidelines. POLICY is leading the drafting and review of the guidelines, which are to be finalized during January–March 2002.

- POLICY/REDSO/ESA continued discussions with the SARA Project regarding monitoring and evaluation approaches and procedures with CRCHS. POLICY also worked closely with MEASURE DHS to coordinate respective TA on the analysis, interpretation, and presentation of health data in the CRHCS region for advocacy purposes. These three projects each developed closely coordinated workplans for collaboration with CRHCS in 2002.
- POLICY/Kenya's HIV/AIDS and FP/RH Program collaborated with: DELIVER, PSI, FHI, MOH HSRS, NASCOP, DfID, GTZ, the World Bank, and HAPAC Project on consultations and final review of the draft *National Condom Policy and Strategy for 2001-05*; with DELIVER to develop the *Mid-term Plan for Contraceptive Commodities Procurement* and the *National Family Planning Strategy, 2002–2006*; with FHI/IMPACT on the AMREF KPF Project; with Pathfinder International, CRS, and the Futures Group Europe HAPAC Project on the development of the *AIDS Home-based Care Policy and Service Guidelines*; and with FHI/IMPACT and Map International on setting priorities and building capability for the Inter-Religious AIDS Consortium (IRAC), a group of 12 faith-based organizations working on HIV/AIDS issues in Kenya.

Training

- Osborne, Kincaid, Stover, Porter, and Forsythe participated in, and contributed to the HIV/AIDS SOTA July 9–13 held at the Georgetown University Conference Center. Synergy AIDS coordinated this training with assistance and input from the Interagency Working Group on HIV/AIDS. Kevin Osborne served as one of the three facilitators of this weeklong training event for PHN staff. Additionally, POLICY staff contributed to this training in several sessions. Steven Forsythe presented “Is It Really Worth It? Assessing the Cost and Demand for VCT in Kenya?” and Kevin Osborne presented “The Larger Picture: Working with a National Response,” and “Political Commitment.” Osborne also moderated a panel on comprehensive prevention and care framework; Stover served as a discussant on this panel. Porter served as a discussant on a panel about human rights, and Kincaid moderated a panel on gender and stigma.
- POLICY and CEDPA are collaborating on an eight-day training-of-trainers (TOT) course in Network Building and Advocacy Training. CEDPA's Women's Leadership Program has agreed to fully fund this TOT effort with an approved budget of approximately \$50,000; gaining this commitment from CEDPA was a significant reason behind the Mission's decision to obligate additional FY2001 field support funds for POLICY's work in Russia. POLICY staff will serve as instructors. Participation in the TOT, scheduled for February 18-27, 2002, will be open to other CEDPA and POLICY partners in Russia, including USAID/Moscow's Women and Infants Health (WIN) Project, and participants from other countries in the region (i.e., members of the POLICY-supported Ukrainian Reproductive Health Network, and partners in Uzbekistan and Armenia).
- In October, POLICY/Ukraine once again collaborated with *Medécins Sans Frontiers* (MSF) and Counterpart Alliance for Partnership (CAP) to co-conduct an Advocacy Skills Workshop for a PLWA Network. At this two-day workshop, POLICY trainers, Olena Truhan and Olena Suslova, facilitated the Network's process of developing their first advocacy campaign. The goal of the campaign is to ensure access to HIV/AIDS treatment in Ukraine. POLICY sponsored the trainers, CAP funded the workshop costs, and MSF paid for the participants' travel and per diem. This is the second instance of collaboration with these groups; continued collaboration is under discussion.

- POLICY/Turkey continued to collaborate with the CMS Project in support of KIDOG. CMS will provide funding for two training workshops for KIDOG as well as assistance for organizing a workshop to nurture KIDOG's financial sustainability. POLICY's Advocacy Coordinator in Turkey is organizing the workshops and helps to facilitate the content of the workshops.
- SFPS (Family Health and AIDS Prevention Program) provided financial support for POLICY's December workshop in Ouagadougou, which was scheduled to coincide with the XII International Conference on AIDS and STDs in Africa. Thirty participants from eight countries took part in the proceedings, aimed at assist the countries with STD/HIV/AIDS policy formulation. SFPS staff from Cameroon and Ivory Coast took part in the workshop with their country teams. The workshop centered on using the regional AIM as a tool for promoting policy dialogue and on sharing experiences with policy formulation issues. Each country team outlined policy challenges remaining, obstacles they faced, and actions to overcome those obstacles.

Advocacy

- In the Philippines, POLICY collaborated with the CDC to conduct advocacy-planning workshops for local government units (LGUs) in three regions. POLICY shared its Local Advocacy Project model with participants as a model for effective advocacy to mobilize resources, in addition to sharing information on advocacy concepts and on how to develop advocacy plans. The LGU advocacy plans developed at the workshops will be implemented in target municipalities to solicit LGU support and resources for programs aimed at reducing the incidence of infectious diseases.
- A consortium of CAs including POLICY, INTRAH, Population Council, Family Care International, EngenderHealth, JHPIEGO, and SARA have joined forces to facilitate and advocate for the expansion of postabortion care (PAC) services in the francophone region. This activity is designed to help generate needed data and build political and popular support to put in place national policies for improved access to PAC services in the region. Major activities include a major regional PAC conference in February 2002 where country delegations will develop PAC strategies appropriate to their context, and the development of case studies to analyze experiences and obstacles to PAC in West Africa. POLICY was invited to participate in this effort and to provide support in carrying out the policy analysis components of the case studies in Burkina Faso, Guinea, and Ghana, and in organizing conference sessions on policy dialogue and advocacy.

Meetings

- Stover participated in the USAID Integration Policy Guidance Experts Meeting conducted November 20–21 on developing guidance for integrating family planning and HIV/AIDS programs.
- The International AIDS and Economics Network (IAEN) and the POLICY Project hosted a face-to-face meeting on the Global Allocation of HIV/AIDS Resources on Thursday, October 18. The purpose of the meeting was to review the methodology and conclusions from a recent effort to estimate the global resources required to address the HIV/AIDS pandemic.
- Youth.now project leadership presented at and participated as resource persons for the two regional POLICY/Jamaica strategic planning workshops conducted, to ensure integration of adolescent issues in the planning process.

- The local representative from Family Health International's IMPACT Project participated in the Cuernavaca workshop entitled, "Exchange of Experiences of the Multisectoral Groups." in October, to share experiences and get an update on POLICY's latest work with the multisectoral planning groups (MCGs).

Sharing Information and Expertise

- POLICY collaborated with G/D&G's Implementing Policy Change Project in its efforts to create the toolkit, *Strategic Management Tools to Support HIV/AIDS Policy Change*, published in September 2001. Five of POLICY's tools are showcased in the manual. The publication's preface notes that collaboration with USAID partners, such as POLICY and PACT, resulted in the broadening of insights and tools included in the toolkit.
- In a collaborative effort with Horizons, POLICY contributed to the development of the HIV/AIDS Resource Allocation Model (GOALS). GOALS is an interactive computer program that can be used to improve resource allocation decisions for HIV/AIDS programs by enhancing the understanding of decision makers. Providing better information to decision makers about the consequences and trade-offs involved in resource allocation decisions will result in improved programming.
- In collaboration with the UNAIDS Reference Group on Estimates, Models, and Projections, POLICY has contributed to the development of a new model, the Epidemic Projection Package (EPP) to project the course of the HIV/AIDS epidemic. These projections are key tools for policymakers who wish to allocate resources in an appropriate manner. EPP has been used in Cambodia and other countries to estimate HIV prevalence from the available surveillance data.
- MEASURE Evaluation asked POLICY to assist in pulling together the indicators for the policy section of the *Compendium of Indicators for Evaluating RH Programs*. This included drafting an introduction to the chapter, "Methodological Challenges in Evaluating Policy Initiatives," as well as the indicators themselves. MEASURE Evaluation was especially interested in POLICY's field experience in converting policy concepts into numerical measures that could be used in reports. POLICY carried out multiple revisions in response to internal and external reviews and copyediting changes.
- Population Council's Frontiers in Reproductive Health Project and POLICY collaborated on the production and printing of the publication, "Willingness to Pay Surveys for Setting Prices for Reproductive Health Products and Services: A User's Manual." The manual, co-authored by Karen Foreit and Jim Foreit, was published in September 2001.
- POLICY participated in the Third Annual Population and Reproductive Health Resources Fair held at the World Bank in September. The participants from the Adapting to Change Core Course on Population, Reproductive Health, and Health Sector Reform used the fair as an opportunity to meet various population and reproductive health organizations, learn about their programs, and access their materials.
- In November, POLICY/Ukraine collaborated with the U.S. Center for Disease Control (CDC) to present the results of the CDC's 1999 Ukraine Reproductive Health Survey. This presentation was a part of the PDG's November workshop, and included several additional policymakers who are not part of the PDG.

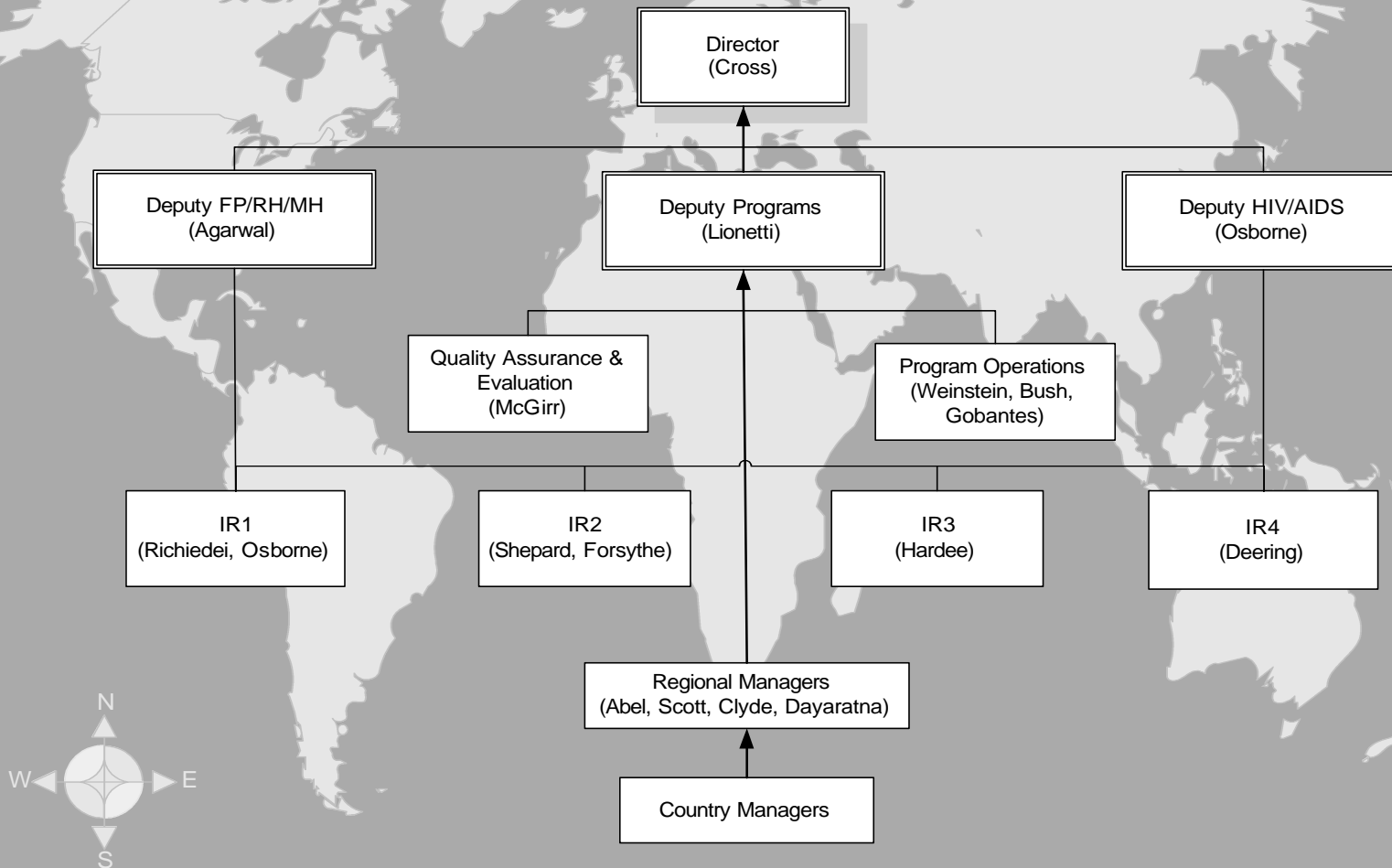
- In December, POLICY/Ukraine collaborated with JHPIEGO's Maternal and Neonatal Health Program to provide TA to the PDG by reviewing the draft MOH Order, including the Standards of Care that the group has prepared over the last few months. POLICY submitted their joint comments to the PDG, and the PDG has made significant revisions to the MOH Order as a result.
- POLICY/Jordan LTA Issa Almasarweh advised staff from EngenderHealth on the best target population for the KAP survey it intends to conduct in Jordan.
- POLICY/Kenya prepared and presented an analysis of the economic impacts of AIDS in Kenya at the three-day meeting on the 2001–2002 finance bill for members of Parliament. The SUNY DG Strengthening Parliament Project coordinated this event.
- Measure Evaluation published its quarterly bulletin in November with the theme "Monitoring Population and Health Program Efforts with Composite Indices." POLICY/FUTURES staff authored three of the four articles in the issue highlighting the AIDS Program Effort Index, Maternal and Neonatal Program Effort Index, and Family Planning Effort Index.

POLICY collaborates with numerous other organizations to share its materials. The following examples highlight just a few of these uses:

- The Russian translation of POLICY's Advocacy Manual is in the final stages of editing; however, the final-draft is already being used. The Women's Studies in Extension at the University of Saskatchewan, Canada, recently requested permission to use the manual to help a group of citizens from Tyumen in Siberia address many issues facing women in their region. Anne Jorgensen provided technical guidance for training in mid-October.
- Leslie Harris & Associates, a D.C.-based public policy consulting firm, adapted some definitions and examples from POLICY's Advocacy Manual for an Internet advocacy training manual, developed on behalf of the Global Internet Policy Project. This tool will be primarily used to train technology and telecommunications enthusiasts in advocacy skills.
- The Center for Population Studies Library at Harvard University will put a link on its library's web page to www.policyproject.com.

APPENDIX
MANAGEMENT STRUCTURE AND STAFF LISTING

Project Management Structure



MANAGEMENT STRUCTURE

| Directors | Country | Country Manager | Administrator/ Administrative Backstop | CTO |
|------------------------------|-----------------------|-----------------|--|-----------------------|
| <i>Africa:</i> | Africa Regional Funds | Kevin Osborne | Rodrigo Gobantes/ David London | Elizabeth Schoenecker |
| Mary Scott | Ethiopia | Charles Pill | Tanzania: Megan Noel | |
| Backstop: Denise Lionetti | FHA/WCA | Norine Jewell | | |
| | Ghana | Norine Jewell | | |
| | Haiti | Norine Jewell | | |
| | Kenya | Jim Kocher | | |
| | Malawi | Shawn Aldridge | | |
| | Mali | Norine Jewell | | |
| | Mozambique | Karen Foreit | | |
| | Nigeria | Scott Moreland | | |
| | REDSO/ESA | Joe Deering | | |
| | Sahel/CERPOD | Norine Jewell | | |
| | South Africa | Nikki Schaay | | |
| | Tanzania | Charles Pill | | |
| | Uganda | Norine Jewell | | |
| | Zambia | Tom Goliber | | |
| <i>Asia/Near East:</i> | Bangladesh | Syed Ahsan | Vicky Bush | |
| Ed Abel | Cambodia | Felicity Young | | |
| Backstop: Harry Cross | Egypt | Mona Khalifa | | |
| | India | Gadde Narayana | | |
| | Jordan | Ed Abel | | |
| | Philippines | Aurora Perez | | |
| <i>Europe & Eurasia:</i> | Romania | Imelda Feranil | Rodrigo Gobantes/ Elisabeth Huth | |
| Maureen Clyde | Russia | Anne Jorgensen | | |
| Backstop: Harry Cross | Turkey | Zerrin Baser | | |
| | Ukraine | Monica Medrek | | |

| Directors | Country | Country Manager | Administrator/ Administrative Backstop | CTO |
|--|---------------------------|------------------|--|-----|
| <i>Latin America:</i> Varuni Dayaratna Backstop: Denise Lionetti | Guatemala | Lucia Merino | Vicky Bush/ Daly Salegio Haiti: Aguil Deng | |
| | Jamaica | Mary Kincaid | | |
| | Mexico | Mary Kincaid | | |
| | Paraguay | Varuni Dayaratna | | |
| | Peru | Patricia Mostajo | | |
| <i>Core Activities</i> | IR1 (FP/RH/MH) | Sue Richiedi | Vicky Bush/ Kristen Totino | |
| | IR1 (HIV/AIDS) | Kevin Osborne | Rodrigo Gobantes/ Elisabeth Huth | |
| | IR2 (FP/RH/MH) | Carol Shepard | Vicky Bush/ David London | |
| | IR2 (HIV/AIDS) | Steve Forsythe | Rodrigo Gobantes/ Aguil Deng | |
| | IR3 | Karen Hardee | Rodrigo Gobantes/ David London | |
| | IR4 | Joe Deering | Vicky Bush/ David London | |
| | SSO2 – Safe Motherhood | Koki Agarwal | Vicky Bush/ David London | |
| | SSO4 – HN/HIV/AIDS | Kevin Osborne | Rodrigo Gobantes/ Elisabeth Huth | |
| | Quality Assurance | Nancy McGirr | Vicky Bush | |
| <i>Working Groups</i> | Adolescent RH | Karen Hardee | Vicky Bush/ Kristen Totino | |
| | Gender | Mary Kincaid | Rodrigo Gobantes / Daly Salegio | |
| | Human Rights | Lane Porter | Rodrigo Gobantes / Megan Noel | |

POLICY STAFF

U.S.-BASED TECHNICAL STAFF

Edward Abel, ANE Regional Director, Jordan Country Manager
Kokila Agarwal, Deputy Director for FP/RH/MH
Shawn Aldridge, Reproductive Health/AIDS Specialist, Malawi Country Manager
Jane Begela, HIV/AIDS Specialist
Lori Bollinger, Economist
Dennis Chao, Economist, Modeler
Maureen Clyde, Policy Analyst, E&E Regional Director
Henry Cole, Senior Advisor
Harry Cross, Project Director
Varuni Dayaratna, LAC Regional Director
Joe Deering, IR4 Capacity Building Director
Imelda Feranil, Demographer, Romania Country Manager
Karen Foreit, Mozambique Country Manager
Steven Forsythe, IR2 Director for HIV/AIDS
Thomas Goliber, AIDS Specialist, Zambia Country Manager
Danielle Grant-Krahe, Participation Specialist
Karen Hardee, IR3 Director, ARH Working Group Chair
Robert Hollister, Institutional Development Specialist
Norine Jewell, Legal Specialist, Country Manager for FHA/WCA, Ghana, Haiti, Mali, Sahel/CERPOD, and Uganda
Jeff Jordan, Deputy Director (until 11/1/01)
Anne Jorgensen, Participation Specialist, Russia Country Manager
Nicole Judice, Policy Analyst
Mary Kincaid, Mexico and Jamaica Country Manager, Gender Working Group Chair
Sharon Kirmeyer, Demographer
James Kocher, Policy Analyst, Kenya Country Manager
Denise Lionetti, Deputy Director
Cynthia McClintock, Policy Analyst
Nancy McGirr, Quality Assurance and Evaluation Advisor
William McGreevey, Economist, Senior Technical Advisor for Finance
Monica Medrek, Policy Analyst, Ukraine Country Manager
Scott Moreland, Economic Analyst, Nigeria Country Manager
Elizabeth Neason, RH Advocacy Specialist
Kirsten Olson, Communications Specialist
Kevin Osborne, Deputy Director for HIV/AIDS
Charles Pill, Policy Analyst, Ethiopia and Tanzania Country Manager
Lane Porter, Legal and Human Rights Specialist, Human Rights Working Group Chair
Sue Richiedei, Participation Specialist, IRI Advocacy Director
Mary Scott, Policy Analyst, Africa Regional Director
Susan Settergren, Policy Analyst
Suneeta Sharma, Policy Analyst
Jeffrey Sine, Economist
John Stover, AIDS Specialist
Molly Strachan, Information Services Specialist
Sumi Subramaniam, Policy Analyst
Doug Willier, Information Technology Specialist, Web Manager

U.S.-BASED PROGRAM OPERATIONS STAFF

Anita Bhuyan, Technical Writer
Elizabeth Buchanan, Publications Assistant
Vicky Bush, ANE and LAC Project Operations Manager
Rebekah Davis, Research Assistant
Aguil Deng, Project Assistant
Rick Gobantes, E&E and Africa Project Operations Manager
Elisabeth Huth, Project Assistant
Kimberly Lohuis, Project Assistant
David London, Project Assistant
Sean McCulley, Program Operations Assistant
Megan Noel, Project Assistant
Daly Salegio, Senior Research Associate
Kristen Totino, Program Area Assistant for CEDPA and IRI
Alice Weinstein, Senior Administrator
Chuck Wilkinson, Editor

IN-COUNTRY STAFF

BANGLADESH

Syed Shamim Ahsan, Country Director
Syeda Farzana Ahmed, Coordination Manager
Selina Ahmed, Program Manager

BOLIVIA

Sandra Alioga, LAC Advocacy Coordinator

CAMBODIA

Misha Coleman, Consultant
Nhem Thida, Finance Manager
Im Phallay, Program Officer
Kim Sokleang, Program Officer
Felicity Young, Country Manager (based in Thailand)

EGYPT

Mona Khalifa, Country Director
Salah Abdel-Atty, Program Officer
Hesham Abdalla, Research/Information Assistant
Engy Fikry Boules, Librarian
Manal El-Fiki, Assistant Office Director
Fatma El Geel, Training Coordinator
Mahamed Salah El-Goussi, Research Assistant
Nadia Ahmed Morsy Hassan, Secretary
Mahassen Hassanin, IRI Coordinator
Fikry Salamoon, Account/Public Relations Administrator

ETHIOPIA

Ayele Belachew, LTA, Country Coordinator
Haileyesus Getahun Gebre, LTA
Eleni Seyoum, LTA

FHA/WCA

Justin Tossou, LTA
Martin Laourou, Technical Advisor

GHANA

Benedicta Ababio, LTA
Kate Parkes, Consultant

GUATEMALA

Lucia Merino, Country Director
Lilian Castaneda, Documentation Specialist & Administrative Officer
Claudia Quinto, Information Systems & Research Specialist
Miriam Rodriguez, Program Operations Assistant

HAITI

Laurent Eustache, LTA, Resident Advisor
Mireille Barolette, Secretarial-Administrative Assistant
Eric Gaillard, Consultant
Eddy Genece, Consultant

INDIA

Gadde Narayana, Country Director
J.S. Deepak, Consultant
P.N. Rajna, Senior Program Officer
Naveen Sangwan, Senior Program Officer
K. M. Sathyanarayana, Senior Program Specialist
Ashok Singh, Project Officer
Alla Vaz, Administrative Assistant
Mitali Deka, Administrative Assistant

JAMAICA

Kathy McClure, Consultant

JORDAN

Issa Almasarweh, LTA
Ishaqat Basma, NPC-POLICY Coordinator

KENYA

Angeline Tennah, Country Representative
Leah Wanjama, Consultant
Julia Odhiambo, Program Officer for HIV/AIDS
Wasunna Owino, Director of Health Finance & Policy Program
Alice Wanjuu, Office Manager

MEXICO

Edgar Gonzalez, LTA
Francisco Hernandez, Senior Policy Analyst & Strategic Planning Specialist
Martha Alfaro, Senior Policy Analyst & Evaluation Specialist
Hugo Benitez, Multisectoral Strategic Planning Specialist

MOZAMBIQUE

Henriqueta Tojais, LTA

NIGERIA

Jerome Mafeni, Country Coordinator
Charity Ibeawuchi, Senior Program Officer
Babatunde Afuwape, Administrative Officer
Reginald Chima, Health Economist
Theresa Effa, Advocacy Advisor
Magdalene Okolo, Advocacy Advisor

PERU

Patricia Mostajo, Country Director
Edita Herrera, Participation Coordinator
Marcela Huaita, Human Rights & Gender Specialist
Lidia Reyes, Gender & Local Government Specialist
Eugenia de Arias, Project Administrator

PHILIPPINES

Aurora Perez, Country Director
Vilma Metiam Aquino, Program Officer
Annabella Fernandez, Senior Program Officer
Virna Balboa, Senior Program Administrator
Enrico Caja, Program Officer for HIV/AIDS Policy Advocacy
Estela Aquino Del Rosario, Program Officer for Health Sector Reform
Sheila Marie Penafiorida Rejano, Assistant Project Administrator
Ester Isberto, Country Deputy Director
Suzette Paraiso, Program Clerk
Filipina Del Rosario Santos, Program Officer for Civil Society Advocacy Work
Juanito Soriano Jr., Driver

REDSO/ESA

TBD

ROMANIA

Daniela Dragici, Local POLICY Representative
Alin Stanescu, LTA
Luminita Marcu, Consultant

RUSSIA

Viktoria Sakevich, Consulting Demographer
Katya Yusupova, Administrative Assistant
Julia Andrianova, Part-time Accountant

SAHEL/CERPOD

Alle Diop, Resident Project Manager
Badara Seye, Consultant

SOUTH AFRICA

Nikki Schaay, Country Manager
Sylvia Abrahams, Program Manager
Rene Peterson, Administrative & Finance Manager
Caroline Wills, Training Coordinator
Melanie Judge, Training Coordinator
Anna van Esch, Southern Africa Regional Program Manager
Solly Resego, Capacity Building Coordinator
Leslie du Toit, Advisor
Cornelia Theron, Administrative Assistant
Olympia Vumisa, Administrative Assistant/Receptionist

TANZANIA

Adeline Kimambo, TPHA
Patrick Swai, TPHA
B.J. Humplik
Peter Riwa, Health Scope
Simbakalia, Health Scope

TURKEY

Zerrin Baser, Country Director
Fahrettin Tatar, POLICY Analyst

UGANDA

John Kabera, LTA
Leah Wanjama, Consultant

UKRAINE

Lena Truhan, Advocacy Coordinator
Viktor Galayda, Policy Analyst
Andrey Huk, Part-time Policy Specialist
Olena Suslova, Part-time Advocacy Trainer
Natasha Valentyrova, Administrative Assistant

ZAMBIA

Robie Siamwiza, Consultant